

# C+D

Chemist+Druggist

Weekly news for pharmacists

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**News:** AstraZeneca approaches wholesalers over supply deal

**News:** Merger of co-op groups could produce third largest pharmacy chain

**Features:** Unravel the PBC mystery with the first in our two-part series

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# C+D

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Cover: This week's Pharmacy Champion  
Laura Fraser Picture: Andy



# Second pharmino talks to wholesalers over drugs supply

**Industry** AstraZeneca is talking to wholesalers about its medicines supply plans

Max Gosney

**AstraZeneca (AZ)** has become the second company to approach wholesalers over the distribution of its medicines.

The company confirmed it had launched talks with drugs distributors following Pfizer's appointment of UniChem as sole distributor of its products in October this year.

"We are in early discussions with a number of organisations but are not in a position to say which supply route we are going down," an AZ spokesperson told C+D.

AZ rejected a report in The Times newspaper on Wednesday that claimed the company would copy Pfizer's proposals to supply pharmacies via a single distributor. Full communication will be made with pharmacists over

proposed changes, stressed AZ.

However, contractors voiced fears over further changes to drugs supply.

Uma Patel, proprietor at Dunn's Chemists in Hounslow, said: "First it was Pfizer and now AstraZeneca. We need to be careful not to destroy a very good drugs supply system. If we have to deal with each manufacturer separately it means extra hassle and lower discounts."

The AZ scheme sets the scene for a flurry of other manufacturers to seek control of the supply of their products, warned David Cole, Phoenix, chief executive. He said: "We've received a letter from AZ. I think this shouldn't be treated as a one off. There will be another two or three drugs firms who follow suit in the next six weeks."

Moving more medicines away from the traditional supply route signalled

a "disastrous" step for pharmacy, warned Fin McCaul, Independent Pharmacy Federation chairman.

"Independents have a great relationship with wholesalers, who offer more than just drugs delivery. Manufacturers exerting greater control over supply could destabilise the existing pharmacy network."

The British Association of Pharmaceutical Wholesalers also expressed opposition to the AZ announcement.

"The BAPW is concerned at recent moves by drugs firms including Pfizer, AstraZeneca and others to exercise greater control over the demand and supply of their products," a spokesperson said.

AstraZeneca products including Crestor account for around 8 per cent of current wholesaler revenues, according to Phoenix.



David Cole: There will be another two or three drugs firms who follow suit in the next six weeks

## Students mean business, APPG meeting hears

**Education** Evidence session debates education

**Pharmacy students want more** contact with patients and more management training in their undergraduate degrees, it emerged at a parliamentary meeting this week.

At the fifth evidence session of the APPG consultation on the future of pharmacy, pharmacy students and heads of schools debated how to keep pharmacy education first class.

Jen De Val, president of the BPSA, argued that students need real world training. "You come out of your pre-reg year and you could be managing your own pharmacy, with staff and finances and all the non-pharmacy stuff. There's definitely room for improvement in teaching those management and entrepreneurial skills," she said.

However, Professor Anthony Smith, dean of the University of London School of pharmacy, said he was "not a fan" of adding more business training to the pharmacy undergraduate curriculum, and stressed that pharmacy education must retain its focus on the science of medicines or become "wholly inappropriate".

All the representatives agreed with Professor Larry Goodyear's suggestion that pharmacy's new role



Prof Smith: pharmacy education must focus on the science of medicines

as a patient-focused profession meant that the degree had to involve more contact with patients. Leonie Reid, a pharmacy student, said: "I'm happy to be a scientist but I'm also happy to provide patient services and so we need more patient contact in our degrees."

The group also discussed a nationally funded framework for undergraduate placements as well as recommending nationwide quality assurance for CPD courses. There will be more evidence sessions in the new year before the findings are presented to government. **JR**

## Patients and doctors trust pharmacists on drug risk info

**Survey** Pharmacists score high in MHRA findings

Sixty four per cent of patients trust pharmacists to provide good information on the risks and benefits of medication, according to new figures from the MHRA.

Even more interestingly, the figures show that, whilst doctors do trust each other to provide accurate medicine information, they trust pharmacists even more.

The study, undertaken by Ipsos MORI for the MHRA, showed that patients and healthcare professionals are really beginning to wake up to the potential of pharmacists to become

more than just drug dispensers.

Simon Gregor, communications director at the MHRA, said: "These are very encouraging figures for pharmacy and show the new relationships following the expansion of pharmacy's role."

Mark Duman, chair of the Patient Information Forum, added, "It's a good step forward. People trust pharmacists but in the past they haven't known what they can do. Now it's about awareness – we need to ask pharmacists, are you willing to get out of the dispensary and provide this service?" **JR**

## Boots branch is GP landlord

**Practice** GP surgery rents space in Boots store

**A Boots branch in Dorset has**

become the first in the country to rent out space to a GP practice and offer patient services in store.

Contracts were signed this week to establish a full NHS healthcare centre within the heart of the Boots high street branch in Poole.

The doors to the GP practice will open out on to the Boots shop floor, and Boots hopes the initiative will lead to more convenient

healthcare for the whole population.

Alex Gourlay, Boots healthcare director, said: "This is an excellent example of the potential of pharmacy to be involved in the wide provision of healthcare."

"The pharmacy is more than just a place to pick up prescriptions, and we hope that this development will help demonstrate the increasing role that pharmacy can play in people's lives." **JR**



"I've come about the job": the soon-to-step-down Prime Minister checks in with staff at the refurbished Rowlands Pharmacy on Lawson Street in Stockton-on-Tees. Kathryn Brown, Rowlands' area manager, said: "We were delighted to be able to show off our new-look pharmacy to Mr Blair. We have a fantastic new facility here and his endorsement confirms the important contribution we're making to the health of our community." During the visit, Tony Blair praised the pharmacy's efforts in helping local drug users and their families

criptions



## Co-op boards enter merger talks for 'logical' pharmacy consolidation

**Multiples** Merger could create third largest pharmacy group in UK

Tom Hawkins

### The Co-operative Group has

entered into merger talks with United Co-operatives in a move that could result in the creation of the third largest pharmacy group in the UK.

Combined, the co-operatives would create a £10.5 billion group with 660 pharmacy branches – third only to Alliance Boots and Lloydspharmacy.

The two societies confirmed that discussions between their respective boards have already begun. They are expected to make a decision in the coming months.

Any proposal will be voted on by the membership of the co-operatives or their approval. No further details were divulged by either Co-op or United.

A spokesperson said: "We're at a very early stage of the process and here's a lot of discussions to do in

looking at what the business case is."

Maureen Hinton, senior retail analyst at Verdict research, said consolidation in the pharmacy market was logical to combat price deflation and meet the demands of the new contract.

"With the time involved in delivering services and training staff and negotiating for the contract, obviously you'll do better if you're part of a large group," she said.

Rochdale-based United's Health Care division has raced up the pharmacy rankings by pursuing an aggressive expansion policy since 2002, when it merged with Yorkshire Co-op.

In June it became the fifth largest pharmacy retailer when it acquired the 56-store P Williams chain. Earlier in February it branched into Scotland through the purchase of 16 outlets from G Lightfoot and Son Ltd.

Last month the £76 million turnover Leeds Co-op was revealed as a potential merger partner. This follows the unanimous go-ahead for United's union with neighbouring Sheffield Co-op, which has a turnover of £95m, in January 2006.

Turnover at United's Health Care business jumped 41 per cent in the first half to £131m.

The Co-operative Group is led by Martin Beaumont, formerly of United Co-operatives, who has announced he will leave his post as chief executive officer in October next year.

• The Co-op has taken its branch tally in Wales to 85 after snapping up two stores near Caerphilly, Wales, for an undisclosed sum.

Nine people from The Village Pharmacy, Bejwas, and Bryn Pharmacy, Trethomas, will transfer to the society.

### News in brief

#### Pollen vaccine due

The oral grass pollen vaccine Grazax is likely to be available early next year in time for the 2007 hayfever season, according to supplier ALK-Abelló.

In trials, the treatment is said to have reduced symptoms by 30 per cent, equivalent to the relief that patients experience using intranasal sprays, and more than the reduction seen in patients treated with antihistamines.

#### OTC pilots self-regulation

The PAGB is to pilot self-regulation of packaging used for over the counter medicines. The appearance of packs is not expected to change significantly, as the PAGB guidelines are very similar to existing MHRA regulations.

#### Chewable EHC pill

Scientists have developed a mint-flavoured chewable pill to help women comply with their birth control regime.

The Femcon Fe, produced by US manufacturer Warner Chilcott, is billed as a convenient, easy-to-use oral contraceptive for busy women.

The pill, which can also be swallowed, contains the same active ingredients as other combination oral contraceptives and is available in a 28-day regimen pack.

#### Lloyds shortlisted

Lloydspharmacy has been shortlisted for the Retail Advertising Campaign of the Year award in the Retail Week magazine Awards 2007 for its blood pressure monitor promotion. The judging panel will choose the winners and announce them on March 1, 2007, at the Grosvenor House Hotel, London.

#### NCSO update

The Department of Health and the National Assembly for Wales have agreed to allow NCSO endorsements for the following items for December 2007 prescriptions: diamorphine 100mg and 500mg in ampoules; ketoprofen capsules; moxonidine 0.2mg microgram tablets; line 10mg tablets.



# RPSGB review is an opportunity for promotion

**Practice** Industry must champion pharmacy in the event of changes to RPSGB role

Ailsa Colquhoun and Jennifer Rigby

**Pharmacists need to see any** devolvement of the Royal Pharmaceutical Society's representative functions as an opportunity to promote the profession, representatives have said.

NPA chief executive John D'Arcy, said: "As a profession, we've got recognition. However, 'pharmacy plc' still needs to be represented; how that is delivered is now up to the profession to decide."

During last week's Council meeting, at which a review of the Society's functions was launched, members mooted the possibility of a royal college type role. According to CPP chief executive Ian Simpson, this would enable the CPP "to make the vision of the College founders a reality".

The CCA has also reiterated its desire to be involved in any future discussions, head of operations Neil Slater has said.

The review aims to examine the principles around the separation of functions, consider options and

## Contractors on separating the RPSGB's roles:

"It's about time they had the debate. I can only see it being a good thing. We're just coming into line with everyone else. But the question is: 'Will it cost anymore to have two separate departments?'"

**Pharmacist David Hawkin, Hawkin WA & Sons, Leeds**

possible models, and the resultant implications, including the human resources, legal and financial, a spokesperson said.

The initial stage, comprising a consultation with members and other stakeholders, is likely to take six to eight months, the spokesperson added.

Considering the opportunities, Mr D'Arcy said: "One answer may be for the various professional constituencies to coalesce under a common 'federation'. Whatever the profession decides, it needs to look to see how it can build on where it is at the moment."

Most pharmacists and their

"It's a little bit out of date.

We're not really represented by the Society at the moment. Hopefully this will change, although I'm not entirely sure how I want it to go."

**Pharmacist Elizabeth Tapp, Lewis Pharmacy, Exmouth**

representatives consider the review a welcome development. Howard McNulty, general secretary of the Institute of Pharmacy Management International, said: "IPMI welcomes the review if it helps the RPSGB separate its roles and functions more clearly, or supports a continued joint role as the one that offers maximum patient benefit."

However, IPMI also has concerns about the timing of the review, which falls before the recommendations of the Foster and the Donaldson reports have been adopted.

"It may be prudent to ensure that the ground rules will not change again," Mr McNulty said.

## Calm over clawback

**Scotland Pharmacy services funded as usual**

### Payments for pharmacy services in

Scotland will not be affected by failure to recoup £30 million from purchase profits in 2006-07, the Scottish Pharmaceutical General Council has advised.

Minor ailment services and other elements of the Scottish contract will continue to be paid at agreed rates, said Elspeth Weir, SPGC head of community pharmacy policy development.

The comments come in response to a Scottish Executive circular advising contractors that the proposed removal of £30m from drugs reimbursement to remuneration is unlikely to be met.

NHS boards should not deploy any saving until the target is met, the SE said.

For full information visit [www.scotland.gov.uk](http://www.scotland.gov.uk)

PBC: the facts explained. See p27-30 ➤

Perk up your patients – how to treat tiredness. Turn to p17 ➤

## NI pharmacies get NRT funding RPSGB to set out LTC strategy

**Northern Ireland £480,000 for smoking cessation**

**RPSGB Pharmacists can make a difference**



More than 200 pharmacies can supply free NRT under the scheme

**Northern Ireland is to plough** £480,000 into pharmacy-based smoking cessation services, in an effort to help smokers cope with the forthcoming smoking ban.

Under the new initiative, more than 200 pharmacies providing smoking cessation services will be able to supply free NRT to exempt patients and a week's worth of NRT on prescription to the non-exempt. The service is also being promoted via posters and leaflets directing smokers to pharmacies.

The move comes as NI gears up for

a total smoking ban in workplaces and enclosed public spaces, including pubs, from April 2007. This follows the Republic of Ireland, which banned smoking in workplaces and public spaces in 2004.

Commenting, health minister Paul Goggins said: "Experiences elsewhere suggest that demand for cessation services increase following the announcement and introduction of smoke-free legislation.

"This increased availability of NRT will enable more smokers to access the help that they need." **AC**

**The Royal Pharmaceutical Society** is to develop a strategy to formally involve pharmacists in the care of self-medicating patients and those with long-term conditions.

The move follows research, presented at December's council meeting, showing:

- Only 1 per cent of community pharmacies are commissioned to provide disease-specific medicines management.
- Only 7 per cent of pharmacists are commissioned to undertake clinical medication review.

The researchers from Keele University and Webstar Health concluded that community pharmacy can have an impact on asthma, diabetes and coronary heart disease if the profession can improve relationships with GPs and benefit from greater access to patient information.

Calling for the establishment of an RPSGB-led LTC taskforce, Paul Gimson, RPSGB lead pharmacist for

long-term conditions and public health, said that unlike doctors and nurses, there were no national targets for the involvement of community pharmacy in LTC services.

"The community pharmacy contract could be used for mainstreaming, ie by targeting MURs on particular groups of patients. A strategy is needed to overcome barriers and demonstrate the contribution community pharmacy can make," he said.

The move also has the support of the patient charity, the Long-term Medical Conditions Alliance.

Policy director Sarah Clarke said: "We see the pharmacist as representing untapped expertise, which can be drawn upon by patients, PCTs and GPs. However, new services should not simply be a matter of financial contract negotiation; research is needed to establish the best ways to change roles in primary care to enhance service access for patients." **AC**



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alpha-blockers. Drugs which induce hepatic microsomal enzymes, such as alcohol, barbiturates, monoamine oxidase inhibitors and tricyclic antidepressants may increase the hepatotoxicity of paracetamol, particularly after repeated use. **Pregnancy and lactation:** Consult doctor before use. **Side effects:** Common side effects include drowsiness, dizziness, dry mouth, constipation, headache, nausea, vomiting and occasionally palpitations. Rare side effects include bradycardia, tingling and coolness of the skin, insomnia, restlessness, anxiety, urinary retention and hallucinations. Rarely reports of allergic reactions. **RRP:** 16 capsules £2.99. **Legal category:** GSL. **PL Holder:** Wellcome Limited, Braintree, North Devon, EX33 2DL. **PL Number:** 0000000000000000. **Date of preparation:** June 2006. **Benylin Cold and Flu Max Strength Sachets (Non-Drowsy) product information:** Presentation: Yellow sachets containing 1000mg Paracetamol and 12.2mg Phenylephrine hydrochloride. **Uses:** For relief of symptoms of colds and influenza, including relief of aches and pains, sore throat, nasal congestion and lowering of temperature. **Dosage:** Adults and children over 12 years: Contents of one sachet dissolved in hot water. May be repeated after 4-6 hours. Maximum of 4 sachets in 24 hours. Under 12 years: not recommended. **Contraindications:** Known hypersensitivity to any ingredients. Severe coronary heart disease or hypertension. **Precautions:** Caution

in patients with severe hepatic impairment, Raynaud's phenomenon, known hypersensitivity. Concomitant use of other products containing paracetamol. **Interactions:** The speed of absorption of paracetamol may be increased by metoclopramide or domperidone and absorption reduced by cholestyramine. The anticoagulant effect of warfarin and other coumarins may be enhanced by prolonged regular daily use of paracetamol with an increased risk of bleeding. Phenylephrine may adversely interact with other sympathomimetics, vasodilators, alpha-blockers which induce hepatic microsomal enzymes, such as alcohol, barbiturates, monoamine oxidase inhibitors (MAOIs) and tricyclic antidepressants. **Pregnancy and lactation:** Consult doctor before use. **Side effects:** Common side effects include drowsiness, dizziness, dry mouth, constipation, headache, nausea, vomiting and occasionally palpitations. Rare side effects include bradycardia, tingling and coolness of the skin, insomnia, restlessness, anxiety, urinary retention and hallucinations. Rarely reports of allergic reactions. **RRP:** 10 sachets £2.99. **Legal category:** GSL. **PL Holder:** Wellcome Limited, Braintree, North Devon, EX33 2DL. **PL Number:** 0000000000000000. **Date of preparation:** June 2006. **Benylin Cold and Flu Max Strength Capsules (Non-Drowsy) product information:** Presentation: 16 Capsule containing 500mg Paracetamol, and 6.1mg Phenylephrine hydrochloride and 25mg Caffeine. **Uses:** For the relief of symptoms associated with the common cold and influenza, including relief of aches and pains, sore throat, headache, fatigue and drowsiness, nasal congestion and lowering of temperature. **Dosage:** Adults and children over 12 years: 2 capsules to be swallowed whole with water every 4 hours, up to a maximum of 8 capsules in 24 hours. Children 6-12 years: 1 capsule every 4 hours, up to a maximum of 4 capsules in 24 hours. Children under 6 years: not recommended. **Contraindications:** Hypersensitivity to any of the ingredients. Severe coronary heart disease and cardiovascular disorders, hypertension, hyperthyroidism, history of peptic ulcer. Also contraindicated in patients currently receiving or within two weeks of stopping therapy with monoamine oxidase inhibitors. **Precautions:** Caution in severe renal or severe hepatic impairment, Raynaud's phenomenon and diabetes mellitus. Concomitant use of other products containing paracetamol. **Interactions:** The speed of absorption of paracetamol may be increased by metoclopramide or domperidone and absorption reduced by cholestyramine. The anticoagulant effect of warfarin and other coumarins may be enhanced by prolonged regular daily use of paracetamol with an increased risk of bleeding. Phenylephrine may adversely interact with other sympathomimetics, vasodilators,

Nov 2006  
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## News in brief

## Foster on agenda

The government plans to push forward proposals altering the professional regulation of pharmacists in early 2007.

Pharmacy minister Andy Burnham said: "We are now considering the way forward in the light of responses and the government's policy objectives. We expect to publish our proposals early in the new year."

## GPs on Pfizer

More than 80 per cent of GPs fear Pfizer's direct to pharmacy supply deal will lead to drug shortages, according to a Lloydspharmacy sponsored survey.

Almost 61 per cent of the 200 doctors questioned also said they would be left out of pocket under the deal.

## MHRA warning

The Medicines and Healthcare products Regulatory Agency (MHRA) has issued a safety warning over the use of lancing devices in nursing and care homes after their inappropriate use has been implicated in the transmission of infection.

The warning states that healthcare professionals taking blood glucose samples in any multi-patient environment, including nursing and care homes, must only use: disposable single-use lancing devices for each resident or patient; or a non-disposable lancing device that must be the one which is intended to be used to take blood samples from multiple patients, used with disposable, single-use lancets.

## Chief meets staff

Dr Keith Ridge, the chief pharmaceutical officer for England, discussed the new pharmacy contract, PCT visits and other NHS changes with Alliance Pharmacy when he met the firm's pharmacist teams at Fern House, Feltham.

# Croydon pharmacists to aid elderly with medicines

## Practice Community health unit seen as one route to improve service delivery

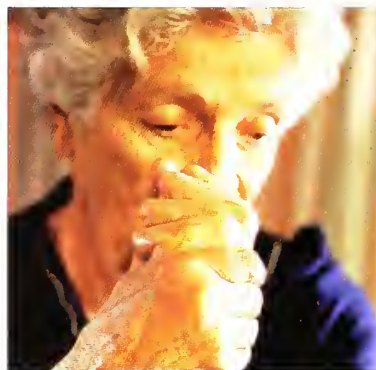
Jane Ellis

**Pharmacies in Croydon are taking part in an £18.5 million project to ensure older patients can access healthcare closer to home.**

Local contractors will provide medicines management services under the Partnerships for Older People Projects (POPPs).

Claire Godfrey, strategy manager for older people at Croydon PCT, said: "We have been awarded £600,000 funding to provide a multi-faceted service, one element of which will be around medicines management and involve local pharmacists."

Ms Godfrey envisages a mobile unit



Contractors will offer medicines management advice to the elderly

staffed with various health professionals going out into the community.

"Before May 1 we have to determine how we will deliver these services to older people," she said.

This two-year pilot supports a previous medicines management project in Croydon, which found that many older people were confused about their medication and in some cases even unable to open medication containers.

Ivan Lewis, care services minister, said the pilots would test new ways to improve the lives of older people.

He said it would give the elderly greater personal control over their physical and emotional health, and help them to remain independent wherever possible.

# Cancer reform could be catalyst for services

## Practice Health secretary hints at opportunities to come in changing cancer care

**Pharmacists could play a role in the treatment of cancer in the future, health secretary Patricia Hewitt has hinted during an address at the Britain against Cancer conference.**

In line with current government policy to shift care from secondary to primary provision, Ms Hewitt called for

cancer specialists, GPs, Trusts and PCTs in England to build on their local cancer networks "to create flexible and innovative local services that respond to patients' needs".

Nic Balfour, a pharmacist at Greenlight Pharmacy in Clerkenwell, London, who will be involved in a pilot

chemotherapy service with The Macmillan Trust next year, said: "Anything that the health minister says can be a catalyst for more pharmacy services. Her statement comes at a good time when enhanced services are starting to be pushed out into the community." JE

# Heather is technician of the year

## Practice Judges impressed by knowledge of issues



Heather MacDonald, centre, with Richard Smith, chief operations director of Lloydspharmacy, and Sarah Vincent, UK country manager at Actavis, which designed the award scheme with the pharmacy chain

**Lloydspharmacy has named Heather MacDonald from its branch at Bo'Ness, Falkirk, as its pharmacy technician of the year.**

Ms MacDonald impressed the judges with her knowledge of pharmacy issues throughout the competition,

which began in September. "I am so delighted to have won this," she said. "My role has changed a lot recently – I now provide free diabetes tests and blood pressure checks – it is good to know that we are appreciated as key players in the pharmacy team."

# Drug trials face tighter safety controls

## Medicines Scientists call for changes after trial trauma

**Clinical drug trials will take on stricter safety controls following a report by top scientists.**

The Association of British Pharmaceutical Industry pledged to adopt relevant points from the independent expert scientific group study (ESG).

The ESG called for independent experts to provide advice before approving trials of high risk substances, and sharing of relevant material including adverse reactions from unpublished trials.

The ESG was convened by the secretary of state for health following adverse reactions experienced by participants in a clinical trial of a drug known as TGN1412 at Northwick Park earlier this year. GMA



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## Pharmacist tightens objections

### Practice Pharmacy seeks alcohol licence

An independent contractor has clashed with local councillors over plans to sell alcohol at his pharmacy.

Ian Littler, owner of Ian Littler Pharmacy in Tarvin, Chester, has applied to Tarvin Parish Council to sell a selection of fine wines, tonic wines and quality beer from January 2007.

Tarvin Parish Council has expressed concern at the number of licensed premises in the village and the potential to aggravate antisocial behaviour, local paper the Chester Chronicle reported.

The licensing hearing took place as C+D went to press this week.

Mr Littler said: "We're in a good position to take sale and supply of alcohol seriously. The pharmacist is on hand to advise on safe consumption or prevent sales if abuse is suspected."

The plan to sell alcohol came after the pharmacy lost its 24-hour oxygen supply service when the system changed to national distribution this year. Littlers has also suffered tough competition on the pricing of toiletries from local supermarkets.

Mr Littler added there was limited funding available from Western Cheshire PCT to generate additional revenues from enhanced services. **TH**

## £50,000 for researchers

### Practice Funds awarded for research into practice

The Pharmacy Practice Research Trust has awarded £50,000 to five pharmacy researchers to fund their research into pharmacy practice.

The five winners are:

- Gianpiero Celino, director of Webstar Health, who won the £35,000 Sir Hugh Linstead Fellowship to research the impact of MURs on patients.
- James Desborough, of the University of East Anglia, who won a £5,000 Sir Hugh Linstead Fellowship to conduct a pilot for MURs.
- Tabassum Jahan, of Cambridge University, who won a 2006 Galen Award of £6,000 for the study 'Improving medication safety'.
- Dr Adam Mackridghe of Liverpool John Moores University who won a 2006 Galen Award of £2,000 for qualitative research methodology training.
- Jasmin Widmann, of the University of Manchester, who won a 2006 Galen Award of £2,000 for qualitative research methodology training. **JR**

# Decriminalise dispensing errors, says Society

## RPSGB Decriminalisation will improve error reporting and patient safety

Jennifer Rigby

The Royal Pharmaceutical Society has pledged to lobby the government to decriminalise dispensing errors, and to revise its own referral criteria, in a bid to improve error reporting and patient safety.

At last week's Council meeting, members voted that the current regulations need to be changed so that pharmacists do not feel trapped into not reporting errors by a 'blame culture' and the risk of prosecution.

Figures show that there are on average 20 errors reported to the Society every month – but estimates suggest the real figure to be 20,391.

Hemant Patel, RPSGB president, said: "Errors do occur – we all make mistakes and I have made my share of dispensing errors – and I hope that I have learnt from them. But according to the Medicines



Hemant Patel: discuss errors openly

Act, every time we make a dispensing error we also commit a criminal act.

"This cannot be right and we must persuade the government to change or clarify the Medicines Act to

decriminalise pharmacists.

"We need to move to a culture where errors are discussed openly and learned from."

Professor David Cousins, head of safe medication practice at the National Patient Safety Agency, said: "The NPSA strongly supports the Society's initiative to decriminalise issues relating to the reporting of dispensing errors. The NPSA believes in a fair and open culture where errors can be learned from rather than a blame culture."

Fiona Wild, a pharmacist from Lancaster, said she was pleased the Society had taken this decision. "I think if you're a pharmacist who has never made an error you're something supernatural. This will be an uphill struggle for the Society – people still see it as 'dobbing people in' – but it's a step in the right direction," she said.



The South East Local Pharmaceutical Committee Forum met in Tonbridge last week to launch a booklet, 'Understanding and making the best use of community pharmacy'.

Written by Jenny Webb, NHS development manager at the NPA, and Vanessa Taylor, secretary of the South East LPC forum, the booklet explains in lay terms services available from community pharmacies and defines jargon associated with the new pharmacy contract. It was produced with financial backing from PSNC.

While the booklet was written with patients and carers in mind, it could be used by other groups such as MPs, schools of pharmacy, council workers and healthcare workers in other sectors, said the authors. A PDF version can be downloaded from [www.psn.org.uk](http://www.psn.org.uk)

Pictured, from the left, are: Dr Claire Johnson, PSNC's Mike King, Martin Mandelbaum, Michael Keen, Terry Silverstone, Stuart McMillan and Vanessa Taylor.

## LPC recruits to drive pharmacy MUR uptake

### Practice MUR 'champion' wanted to boost contractor numbers

Hampshire & Isle of Wight Local Pharmaceutical Committee is on the brink of recruiting an MUR champion to boost the number of contractors providing the advanced service.

Chief officer Michael Holden said from January the LPC will employ a community pharmacist on a part-time basis to coach contractors in the region. The role will be similar to that carried out by Graham Fletcher in Essex LPC (C+D, November 25, p12).

MURs are one of three major issues

the LPC has tackled this year along with practice based commissioning and increasing communication with contractors.

The number of pharmacies that have conducted MURs has risen from 11 per cent in October 2005 to 72 per cent in September 2006. Mr Holden hopes to break 75 per cent in the first quarter of next year.

Of the methods to increase uptake, Mr Holden said workshops for accredited pharmacists were most

effective. The four sessions, which ran between September and November, covered two-thirds of the LPC's pharmacist population.

"There's nothing quite like face-to-face interaction between pharmacists to show how to overcome the challenges," he said.

Hampshire & Isle of Wight LPC also intends to develop a series of therapy-specific resource packs that contain a checklist of questions to support MURs. **TH**





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care. **Pregnancy & lactation:** Only after consulting a healthcare professional. **Side effects:** Headache, sore mouth or throat, jaw-muscle ache, GI discomfort, hiccups, nausea, vomiting, dizziness, erythema, urticaria, palpitations, allergic reactions: reversible atrial fibrillation. See SPC for further details. **RRP (ex VAT):** 2mg gum (30): £3.25 (105): £8.89, 4mg gum (30): £3.99 (105): £10.83. **Legal category:** GSL. **PL numbers:** 00032/0249, 0249, 0250, 0251, 0283, 0295. **PL holder:** Pharmacia Limited, Ravenscroft Rd, Sandwich, Kent, CT13 9NJ. **Date of preparation:** March 2006. **Nicorette Inhalator Product Information:** Presentation: Inhalation device containing 10mg nicotine for oromucosal use via a mouthpiece. **Uses:** Relief of nicotine withdrawal symptoms as an aid to smoking cessation. It is used to help smokers ready to stop smoking immediately and also to help smokers who need to cut down their cigarette use before stopping. **Dosage: Adults (over 18 years):** Smoking cessation: 6-12 cartridges per day for 12 weeks. Halve the number of cartridges in weeks 9 and 10, reduce to zero by end of week 12. Smoking reduction: Use between smoking episodes to reduce smoking. A quit attempt should be made as soon as the smoker feels ready. Professional advice should be sought if no reduction in 6 weeks or no quit attempt in 9 months. **Adolescents (12 to 18 years):** Smoking cessation: As adult dosage, but duration of treatment should not exceed 12 weeks without consulting a healthcare professional. Smoking reduction: Only after

consulting a healthcare professional. **Under 12 years:** Not recommended. **Contraindications:** Hypersensitivity. **Precautions:** Unstable cardiovascular disease, diabetes mellitus, uncontrolled hyperthyroidism, phaeochromocytoma, renal or hepatic disease, chronic throat disease or asthma. Stopping smoking may alter the metabolism of certain drugs. Keep out of reach and sight of children and dispose of with care. **Pregnancy & lactation:** Only after consulting a healthcare professional. **Side effects:** Cough, irritation of throat and nose, nasal congestion, nausea, vomiting, hiccups, palpitations, dizziness, reversible atrial fibrillation. See SPC for further details. **RRP (ex VAT):** 6- Starter pack £3.39, 42-Refill pack £11.37. **PL holder:** Pharmacia Limited, Ravenscroft Road, Sandwich, Kent, CT13 9NJ. **PL number:** 00032/0280. **Date of preparation:** September 2006. **References:** 1. Pfizer Consumer Healthcare data on file, 2004. 2. Pfizer Consumer Healthcare data on file, 2004. **Date of preparation:** September 2006.

**Information about adverse events:** www.yellowcard.gov.uk  
Adverse events should also be reported to Pfizer Consumer Healthcare. Tel: 01304 616161



# Your letters

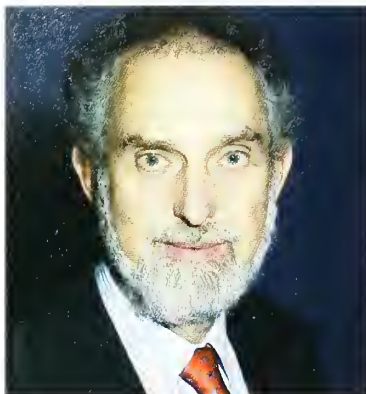
## Separation must include function and accountability

Last week's C+D quoted me as saying at the recent RPSGB Council meeting: "There is a lot of detail to work out so it is essential to have an independent review. We are quite happy to end up with two separate organisations but it is how we do it which matters."

It is, of course, not all that I said, neither does it represent the totality of my views on the required separation between the representational and regulatory roles that the Society currently has.

It is, in my view, not yet completely certain that we will be required to set up two entirely separate organisations.

The review, which must be independent, is designed both to establish this, and also to look critically at the various risks that the Society faces as a result of the change in regulatory climate. The Society has significant assets, which need to be safeguarded, and also



significant liabilities, for example a deficit in its defined benefit pension fund. It has a (currently) profitable publication arm.

Crucially, the Society, as a significant employer of a highly skilled and valuable workforce, must act in accordance with good HR practice and legislation.

If the Society is to become a purely representative and leadership body for the profession then it must have

detailed plans that will ensure it an adequate income stream. The place of the three national boards, shortly to be formed, must also be clarified within any new framework that is proposed.

Following the review we have instigated, Council will make proposals and then consult the members and registrants of the Society. The review needs to be speedy as is consistent with thoroughness.

What we clearly must do, within a reasonable time, is to provide an acceptable separation, both of the functions of regulation and representation, and of the accountabilities that surround them. It's worth pointing out that unlike the GMC, the Society has not been subject to significant criticism concerning its regulatory activities.

Regulation needs to be governed by a lay majority; representation and professional development needs to

## The Society has significant assets which must be safeguarded

be in the hands of pharmacists and technicians, with lay input.

Appointment rather than election is thought by many to be appropriate for governors of a regulatory body, whereas it is the view of many Council members, myself included, that pharmacists and technicians would want to have the chance to elect the leaders and governors of their professional representative body.

**Brian Curwain**  
Council member, RPSGB

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# Comment from the editor

## Theme of the year is just the tip of the iceberg



**Mergers and acquisitions and threats and opportunities** – no it's not the latest state of the City markets but just another week in the small world that is UK Community Pharmacy Plc.

The news this week that the Co-operative Group and United Co-op are in merger talks is – in the light of what's been happening in the pharmacy sector this year – not such a surprise.

Consolidation has been the theme of 2006 among stakeholders with UniChem and Boots, Phoenix and Numark, United Co-op and P Williams, Lloydspharmacy and Cohens, to name

but a few examples. And there is a distinct possibility that this is just the tip of the iceberg. Pfizer's distribution deal (and whatever follows from AstraZeneca et al) will undoubtedly have implications for pharmaceutical wholesalers.

At a guess, it's reasonable to assume that the big three will win their fair share of any future distribution deals. So 'full-liners' will exist in some form or other in future but maybe not as they are.

And what of the rest? Short-liners already operate in an ultra-competitive environment, so will we see further fall-out as distribution deals become the norm? Will companies go to the wall or come together to salvage some sort of viable business?

However, for community pharmacy, the threats and challenges ahead are not just limited to changing business models. The ramifications of the government's tinkering with control of entry are being felt with the arrival of 100-hour pharmacies and with internet pharmacies bidding their time while they await the rollout of full ETP before they make their mark.

Elsewhere, practice based commissioning is looming large. One gets the feeling that the Department is committed to making PBC work and

as monies begin to flow from secondary to primary care, pharmacy needs to get its foot in the door. There are certainly challenges ahead, not least the problems of convincing GPs and PCTs that PBC does not translate into only GP-PBC. There are many other health professionals who are providing innovative patient-centred health services in their communities – just look at our pharmacy champions' series (see pages 27 to 30).

Other opportunities are demonstrated by the news that Boots has signed a contract to rent out space to a GP surgery. How long will it be before pharmacies operate their own surgery?

Sure, 2006 has presented some challenges to the sector, but there are some golden opportunities ahead for 2007.

## The threats and challenges are not limited to changing business models

## Your views

### A matter of urgency

Neil Slater, CCA head of operations, ponders the implications of the NHS's discussion paper on urgent care



**Responding more effectively** to unscheduled, urgent care is a key priority for the NHS. While optimising the care of those with long-term conditions will lead to efficiencies and health gain in the longer term, finding more responsive and cost-effective ways of dealing

with everyday problems is a clear and present challenge. And getting it right will score the NHS big political points because it is an area where the public are demanding change.

The DH's 'urgent care' is defined as: "A range of responses that health and care services provide to people who require – or who perceive the need for – urgent advice, care, treatment or diagnosis."

The DH believes that people and those caring for them should expect access to services that can assess their need and give an appropriate and prompt response 24/7.

That response might be anything from telephone advice through to an emergency admission, but wherever possible it should be delivered close to home. This policy direction is a departure since previously the focus was more on out-of-hours. Now the DH is asking commissioners to create urgent care systems that respond throughout the day and night in a consistent and appropriate way.

This makes urgent care an interesting proposition for

community pharmacy. Minor ailments schemes have emerged as a popular solution to access targets and calls have been made for such schemes to become an advanced or even essential pharmacy service. PGDs for emergency hormonal contraception offer an effective way of dealing with this type of urgent care. With pharmacists readily accessible on-site, often through extended hours, urgent care is an agenda that community pharmacy can grasp and make its own.

The CCA recognises this and believes that a national minor ailments scheme would cement the role of pharmacy in urgent care. In addition, for pharmacy to reach its full potential, a number of other issues must be addressed. Community pharmacists will need to:

- Refer people to all parts of the NHS and social care system. So that referrals are seen as legitimate, the role of community pharmacy must be widely understood. This will be strengthened by robust referral

protocols and pathways, which facilitate consistency of approach amongst all urgent care providers.

- Have role-based read/write access to the patient record.
- Be supported by public education and communication campaigns to help service users understand their options when they need support. Pharmacy retailers will be a powerful ally for the NHS in the delivery of such campaigns.
- Work closely with commissioners to design urgent care pathways and increase awareness and understanding of how pharmacy can deliver innovative new services; as too often commissioners focus on existing care models, thus overlooking the potential of pharmacy to deliver.
- Attract sustainable funding for the service; ideally an item of service fee per patient, based on the standard tariffs approach being implemented through payment by results.

The urgent care agenda is one to watch; it could prove an interesting journey.



# Xrayser

## Eye spy chloramphenicol dilemmas

**I'm always delighted when another medicine is switched from POM to P status, and chloramphenicol eye ointment is no exception (C+D, December 9, p6). But this particular switch presents me with a number of dilemmas.**

This is an unusual situation because three manufacturers are applying simultaneously to switch the same product. Usually one manufacturer will propose a switch, do all of the preparatory work, prepare training materials and spend significant amounts on marketing. This manufacturer then has a monopoly on the product for a while and I'm delighted to recommend it at every opportunity.

Patients who have seen the relevant advertising will come and ask for the product by name. When, and if, another manufacturer launches their own version of the same drug I may choose to recommend this one if it is significantly cheaper (depending on how I feel about the level of support provided by the manufacturer of the original P product).

But in this case I'm not sure how I will decide which of the three, virtually

identical, products to favour. Aventis, Optrex and Galpharm will have invested similar amounts on preparatory work but I wonder who will offer the best pharmacy support. There seems little point all three manufacturers producing their own versions of training material on essentially the same product and they're unlikely to produce a joint version.

Price will be an issue, as I like to give my customers good value for money, but I also prefer to sell products with the best profit margin. Customers' favourite brands will be influenced almost exclusively by marketing spend but the most heavily marketed product is also likely to be the most expensive.

I prefer to stick to one product in each area when making recommendations and encourage my staff to do the same, so once I have made my choice this is likely to be my favoured product for ever more. I look forward to seeing how these manufacturers decide to deal with their own marketing dilemmas and whether they choose to influence me with support material, keen prices or clever marketing. May the best company win.

## A raw deal for the elderly

**If I had ever got round to doing a proper medication review at our nursing home I might have realised that difficulty swallowing (dysphagia) was such a widespread problem. I was shocked to read that almost 60 per cent of elderly patients experience difficulty swallowing tablets or capsules (C+D, December 9, p24) and even more need to open or crush a tablet.**

While some of these patients can be helped simply by removing the medication that gives them a dry mouth in the first place, the logical solution for the remainder is to give them liquid medicines. That sounds simple enough and it would improve thousands of

patients' health at a stroke. But I don't believe that the DH or care home staff would be completely in favour.

Specially manufactured liquid medicines are so expensive that the DH is unlikely to be in favour of any blanket changes. And liquid medicines don't go in compliance aids, are bulky to store and difficult to administer – all black marks from the home's point of view.

Of course these patients would prefer easy-to-take medicines that improved their health and they should have that right. But they are politically unimportant group with a powerful representative voice to champion their cause.



LPC Inbox

## In defence of POND life

**I, or my LPC colleagues, have inevitably had to attend a number of multidisciplinary meetings recently and the varied response to the representation of community pharmacy reflects not only on the entrenched attitudes but also the open-mindedness of some primary care professionals.**

At one PEC meeting a GP referred to the collective AHPs as POND life. He then expanded the acronym as Professionals Other than Nurses and Doctors and could not accept the need for them or NHS managers on any such committee – be assured that he will change his tune as we demonstrate our value to that committee and in delivering patient care in the future.

At another gathering of some 200 GPs and practice managers, examining the broader impact of PBC on the future of primary care, my presence was openly welcomed by the 'panel of experts' (they

The GP could not accept the need for Professionals Other than Nurses or Doctors on any such committee

invited me after all) and by the end of the afternoon the opportunity had been taken to open the eyes and minds of many in the room. Let us hope they stay open.

How did we as a profession get into that situation? It is not all the fault of the GPs and nurses. Yes, there is protectionism and intransigence, but I believe some of the blame lies with weak NHS management and commissioners; however, most of it lies at our door.

My reasoning? We often struggle to work together as a united profession, never mind with other professions, and this applies at national level and on the front line.

My suggestion? A new year's resolution to become a strong united profession and for us to make a determined effort with others at all levels to demonstrate quality effectiveness in all

Best wishes for 2007.

Written by an LPC member



# Pharmacy Champions

## Pharmacists leading the way

Pharmacy  
Champions

Name  
**Laura Fraser**

Pharmacy  
**Rowlands Pharmacy, East Kilbride**

What has she done?  
**Offers methadone prescribing to treat heroin addiction**

**What have you set up?**  
The methadone prescribing service is affiliated to Lanarkshire Addiction, Alcohol and Drugs Service (LAADS). It took eight months to get off the ground from the initial discussion about whether pharmacists could become involved to holding the first clinic.

**Were there difficulties?**  
I had to convince the LAADS team of the benefit of the service and of how it would fit into an already established drugs service. Strict guidelines had to

be written for supplementary prescribers, as well as SOPs and a risk assessment for the location of the pharmacy. It was a brand new concept for South Lanarkshire Health Board so everything had to be set up from scratch, which was very time-consuming.

### What has been the high point?

Going from pharmacists having no input to observing nurse-led clinics, to mock sessions and then carrying out a clinic on my own. Writing the correct methadone scripts for patients on the spot rather than them having to wait a couple of days until their GP was free to make amendments. Patient satisfaction – we're a handy location and can offer them holistic care by treating other health problems that their addiction might cause.

### And the low point?

Initially, the time it took to set it up, then convincing nurse-led teams that we were not taking over 'their patch'. Initially the nurses were sceptical but came round when they realised that if we took on some of the stable clients, they had time to concentrate on more complicated cases. Also, the lack of understanding of supplementary prescribing by some healthcare professionals.

### What has been the response?

GPs and independent prescribers were very enthusiastic from the beginning. Now they have evidence of its success, they are keen for more pharmacist prescribers to get involved. They can also see the benefit of all-round care and shorter waiting times for patients to initially access the service.

### Would you have done anything differently?

I would have involved the nurses more in the concept so they understood more about how supplementary prescribers could fit in and be useful. I would also have done more research and groundwork so that it could have been set up more quickly.

### Has it given you greater job satisfaction?

Quite simply, yes! It has been fantastic setting up a service that is totally new and see it progress. I'm also involved in something I'm particularly interested in and able to use my supplementary prescribing qualification.

Laura Fraser's success has convinced local GPs of the need for more pharmacist prescribers



Nominate your Pharmacy Champion:  
Telephone 01732 377688  
or email [chemdrug@cmpmedica.com](mailto:chemdrug@cmpmedica.com)



# C+D Clinical

## Tired all the time

A GP explains how he would manage a patient presenting with tiredness

Just 10 per cent of cases of tiredness have physical causes; 75 per cent can be attributed to psychological or social causes



### Mike Mead

Pharmacists frequently encounter tired patients hunting through the tonics and vitamins sections in hope of some kind of pharmacological tonic, and there isn't a day when the GP doesn't meet a patient presenting with tiredness. 'Tired all the time' is such a common phrase it has been encapsulated into the so-called TATT syndrome.

Understanding tiredness as a symptom is important because it is such a common presentation. Most of the approaches below will be the doctor's responsibility, but

pharmacists nevertheless need to be aware of the management principles.

When the next patient with tiredness asks for a tonic you may find talking with the patient will help you assess whether a doctor's appointment is more appropriate.

### Causes

It is important to understand the common causes of tiredness, not least because there are many misconceptions. While the patient commonly expects there to be a significant underlying physical cause, this is, in fact, uncommon. A prospective study of patients presenting with fatigue in general practice identified the following causes:

- 75 per cent of cases: psychological or social causes (largely anxiety, depression or a mixture of both).
- Up to 10 per cent of cases: physical causes – anaemia, hypothyroidism, drugs, cardiovascular disease, neurological diseases, chronic renal or

hepatic disease, post-viral fatigue and, in less than 1 per cent, malignancy.

- 15 per cent unexplained causes.

Vitamins and tonics have little role in the management and their placebo effect may, in fact, mask an underlying problem: vitamin deficiency as a cause of tiredness is extremely rare, but there is a wide literature on placebo responses.

Taking a medicine may well positively affect the patient's psyche but you may miss a treatable underlying depression, a serious anxiety or, indeed, an anaemia that needs to be identified and investigated for its cause.

So how will the patient you refer to be managed?

### The College of Pharmacy Practice

This course (module 1389), in association with multiple choice questions being published in C+D January 6, provides one hour's continuing education



This article is part of the following CPD course: G1a: G1 www.tinyurl.com/194zu



## Pharmacy update

## A GP's step-by-step approach

The key point to remember is that fewer than 10 per cent of patients presenting with tiredness have a significant underlying physical disorder. This means that the starting point for assessing the patient is likely to be more concerned with identifying psychological factors than seeking a serious new or missed physical diagnosis, although of course serious disease can present with tiredness.

Most GPs develop their own approach in consulting with patients presenting with tiredness. GPs have the advantage in knowing their patient's current and past medical history, their current drug regimen and their social circumstances.

Faced with someone presenting with tiredness there are four key questions to ask:

**1. What does the patient feel is the cause and have there been any recent life changes that might explain it?** This sort of open question can be a way of gently exploring recent stress, anxiety or depression. It is certainly worth an early attempt to assess if psychological factors are the cause – they usually are!

**2. Are there any other symptoms?** Clearly if the tiredness is associated with other significant symptoms like chest pain, breathlessness, weight loss etc, you might need to pursue a physical cause. Has the patient had a recent viral illness? Remember, however, that some symptoms such as weight loss and loss of appetite is seen in depression as well as physical illness.

**3. What medication is the patient taking?** Medical teaching has long held to the simple principle that, if there are no other symptom clues to an illness, the physician may look at the patient's medication. Many commonly used drugs are associated with tiredness, notably beta-blockers.

**4. How long has the patient been tired?** Are they tired all the time or just occasionally? Are there any factors that make the tiredness worse? Differentiating acute from chronic fatigue is clearly important when deciding on the likelihood of any possible underlying physical disorders. Although acute tiredness could indicate a serious physical disorder such as an impending heart attack, in general tiredness resulting from physical conditions worsens as the disease progresses. Intermittent tiredness points to a less serious physical or non-physical cause.

Based on this understanding, a suggested approach to the patient might be as follows:

#### Step 1: Ask the four key questions.

The above four questions should allow the GP to focus on the likely cause.

#### Step 2: Try to make a positive diagnosis of underlying depression/anxiety if this is the likely cause.

If there are no specific physical symptoms, the GP needs to explore psychological causes. Recent stressful events, family or work problems may give a clue but one should try to



make a positive diagnosis of anxiety/depression, that is, seeking out positive confirmation of the diagnosis rather than accepting anxiety/depression because an underlying physical illness is not suspected. GPs who know their patients well can often quickly spot psychological problems, not least as the patient may have an ongoing history of anxiety/depression. Depression is one of the categories in our payment system (called the Quality and Outcomes payments) and if a GP suspects depression in a patient he or she will be using an assessment tool to determine the severity of the depression prior to any treatment.

Scoring systems are based on the classical symptoms of depression (loss of interest, insomnia, poor appetite, tiredness, difficulty in concentration) as well as suicidal intent. The scores of such validated systems correlate well with the severity of the depression, the need for treatment and the usefulness of different treatment regimes, counselling or the need for a referral to a psychiatrist.

Clearly in a pharmacy, even with the most private of areas, it would be impossible to pursue any psychological questioning of this sort, although the pharmacist may pick up clues from the patient's demeanour. Frequently a patient is close to tears by the time they volunteer any depressive symptoms.

If a GP identifies depression/anxiety, then the focus should be on treating the psychological problems. There is generally no need for further questioning or a physical examination. Antidepressant treatment can be very effective in treating the symptoms of depression, including tiredness. Many patients have a mixed anxiety and depression, and antidepressants can help here too. Other strategies can help individual patients. Most GPs have counsellors attached to their practices who can help in the overall management and we usually have access to

a range of other options including use of the community psychiatric nurse, specific patient groups run in conjunction with the hospital department and anxiety and stress management programmes. Although recommended by Nice, cognitive behavioural therapy is less widely available.

The patient should be warned of the seven to 14 day delay in the onset of action of antidepressants and should be first reviewed within this two week period.

#### Step 3: If no psychological problems are evident and/or significant symptoms suggest a physical cause, clinically assess the patient.

If there appears to be no stress, anxiety or depression and/or the patient has other significant symptoms (like cough, dyspnoea, polyuria/polydipsia, weight loss, diarrhoea/vomiting, pain etc) then the patient should be assessed clinically according to the standard medical model of history, examination and investigations. This will be the doctor's remit.

In the history the doctor will focus on specific symptoms – how long they have been present, are they getting worse, the site of any pain, associated symptoms etc. Following this, a quick glance at the patient's facial features can reveal a lot. Do they look hypothyroid? That is, do they have a swollen face, puffy eyes, thickened dry skin – in which case a few questions on feeling the cold, weight gain and constipation may be in order. Or do they look anaemic? Do they appear to have lost weight? Physical examination will then be directed at the body system suggested by the symptoms, eg the cardiovascular system, chest, abdomen etc.

At this first stage the GP will be focusing on the patient's specific presenting symptoms – a full physical examination from top to toe is time intensive and examining parts of the body



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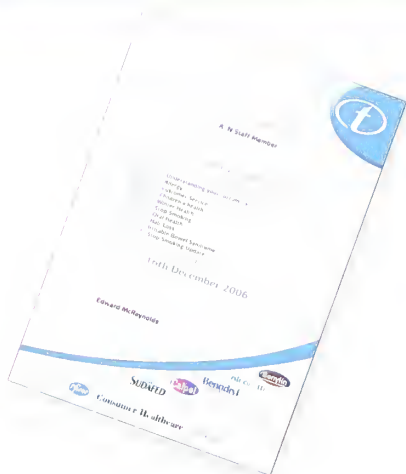
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10. Stop Smoking Update
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# Pfizer Training for Pharmacy Support Staff



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☐ 7. Oral Health

☐ 8. Hair Loss

☐ 9. Irritable Bowel Syndrome

☐ 10. Stop Smoking Update

☐ 11. Migraine

Pharmacist Signature

Date

Pharmacist Name (please print)

Pharmacy Staff Name

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## Pharmacy update

where there are no symptoms (such as conducting a neurological examination testing for tone, power sensation and reflexes) is a fruitless endeavour and will only serve to increase the patient's anxiety.

#### Step 4: Organising appropriate investigations.

If the GP is no nearer a cause after steps one

to three are there any standard investigations worth carrying out?

When a new doctor enters general practice he or she tends to continue the habit of ordering investigations as they did in hospital, so that patients with tiredness receive the full battery of tests including chest X-ray, renal function, liver function, full blood count, glucose, etc. With experience the GP is likely to

be guided more by the clinical picture and to order fewer tests.

There are only four routine tests worth carrying out as a screen for causes of tiredness:

• **Urine test for protein, glucose and blood.** Occasionally one might detect an undiagnosed diabetes or renal problem.

• **A full blood count.** Anaemia is the most common of the physical causes and it can be difficult to judge pallor/anaemia from a patient's features.

• **A test for plasma viscosity/C-reactive protein.** These are general screening tests for chronic infective, inflammatory or malignant disease – a raised level will increase suspicion and mean further investigations.

• **A thyroid function test in the older patient.** Hypothyroidism, another relatively common physical cause of tiredness, can appear gradually and the subtle physical changes missed with the passage of time.

In young patients presenting with tiredness, particularly if there are recent symptoms of a viral illness or sore throat, it is worth organising a specific test for glandular fever. In 15 to 25-year-olds glandular fever can cause tiredness weeks and even months after the initial illness.

#### Step 5: Organising follow-up.

All patients with tiredness will need some form of follow-up to assess progress, response to treatment and interpretation of any tests taken. Despite all questioning and tests there will always be a proportion of patients where the doctor will never find the cause – some will have a missed depression, some the early stages of an illness not yet obvious and some will be using their tiredness to gain support from another party. In many we don't find an answer and all we can do is follow them over time to ensure new symptoms are not developing.

#### Reference:

1. Ridsdale, L, Evans, A, Jerrett, W et al. Patients with fatigue in general practice: a prospective study. *Br Med J* 1993; 307: 103-6.

Dr Mike Mead, a full-time GP in Leicester, is an adviser to medical journals, author of medical books and lecturer in medical matters in the UK and overseas.

Please note below the correct list of CPP-accredited modules for December, not as published in our issue of December 2.

## Continuing professional development



### Reflect

What do you do if customers say they feel tired all the time? What questions might you ask? Would you regard the problem as physical or psychological? At what stage should you refer symptoms to a GP?

### Plan

This article outlines a stepwise approach to assessing patients with tiredness. In showing how a GP might decide on the possible underlying cause, the article should help pharmacists decide whether a 'tonic' is all the customer needs.

### Act

- Are the GP practice figures for causes of fatigue quoted in the article applicable to pharmacy? In your daily practice you will be asked for advice on "which is the best vitamin for me?" Record in your practice workbook the next 25 requests that specify the patient's problem is tiredness/fatigue, for example, "I am always tired" or "Which vitamin should I take to pick me up?" How many of these requests, in your view, have a psychological background and how many are related to other causes? What other causes?
- If you find many more requests for advice on supplements for fatigue/tiredness than suggested by the article, what should you recommend? The article says that vitamin deficiency as a cause of tiredness is extremely rare. Read articles by specialists in complementary medicine and nutritional therapy, who may think otherwise. The Health Supplements Information Service website could be helpful at [www.hsis.org](http://www.hsis.org)
- Search the internet for professional articles on fatigue. One such paper is "The many faces of fatigue", W. Stephen Pray W. *US Pharmacist* 23(12), 1998. Another article (written for doctors) is "ABC of psychological medicine: Fatigue", Sharpe, M, Wilks, D: *BMJ* 2002; 325: 480-483.

### Evaluate

Do you feel you now can deal with the tired patient who is not depressed? How about a really tired, depressed patient; how would you react? When you are asked for advice for the "best vitamin because I am tired all day", do you now feel comfortable and knowledgeable?

## Distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C+D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the January 6 issue, which will cover this week's CPP-accredited module, together with those in the December 2 and 23/30 issues.

These will cover:

Colds, flu and sore throats (1388)  
Tiredness (1389)  
NRT (1390)

A telephone marking service offers independent verification of results (see the monthly MCQ papers in C+D for details). If you wish to register for Pharmacy Update, please contact Pauline Sanderson on 01732 377269.

Chemist + Druggist  
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## Clinical news

## A Practical Approach...



**Update pharmacist, David Spencer, is at the medicines counter when he is approached by a woman who looks to be in her mid-30s.**

"Are you the pharmacist?" she asks. David says that he is. "I'd like your advice about something," she says. "It's a bit embarrassing, so can we talk somewhere private?"

David takes her over to the consultation area, where she continues: "I've had this problem for several years. I can live with it, but it's not very pleasant and I'm wondering if there's anything I can do about it. I'm afraid that I don't like doctors, so I was hoping if you might know what it is and if you can recommend anything that might help."

"The fact is that I don't move my bowels very often, about once every three to four days. It's a problem because my bowels feel very sluggish and I have to strain to go. It's very painful – nasty griping pains – and the straining gives me haemorrhoids. But then every so often I'll have a bout of diarrhoea. But that's almost a relief because at least it's not painful. Do you have any idea of what's wrong with me? If you can't help me, I'll just go on putting up with it."

## Questions

1. What are possible causes of the woman's symptoms?
2. What should David suggest to the woman in this situation?
3. If David were to suggest that she should see a doctor and she is adamant that she will not, is there anything that David could suggest that might help?

## Tapering benzo dose leads to successful withdrawal

Patients taking benzodiazepines long-term can successfully reduce their dose or even withdraw completely through a programme to taper their use, a Spanish study suggests.

Gradual dose reduction with support was five times more effective than usual practice and could easily be introduced in primary care, say the researchers.

Participants were aged 14 to 75 years and had been taking benzodiazepines at least five times a week for over a year.

The dose was reduced between 10 and 25 per cent on a fortnightly basis and patients were supported by regular visits for an average of two and a half months. A group of controls were informed about reducing benzodiazepine use but were managed as per usual care.

After a year, 45.2 per cent of patients in the intervention group had discontinued use of the drugs compared with only 9.1 per cent in the control group.

A further 21.9 per cent of people in the intervention group and 16.7 per cent of controls had reduced their dose by 50 per cent.

Study leader Dr Catalina Vicens of the Centre de Salut Son Serra-La Vileta said: "These results show this intervention is both effective for achieving the withdrawal of benzodiazepine use and feasible in primary care."

**For more information:**

British Journal of General Practice 2006; 57: 958-63

## Potential target for flu drug

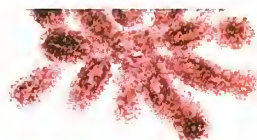
US researchers have identified a potential new target for a class of drugs to fight influenza.

The team from Rice University in Texas defined the 3D structure of the nucleoprotein, a structural protein involved in replicating RNA and discovered a weak spot in the binding site involved in oligomerisation.

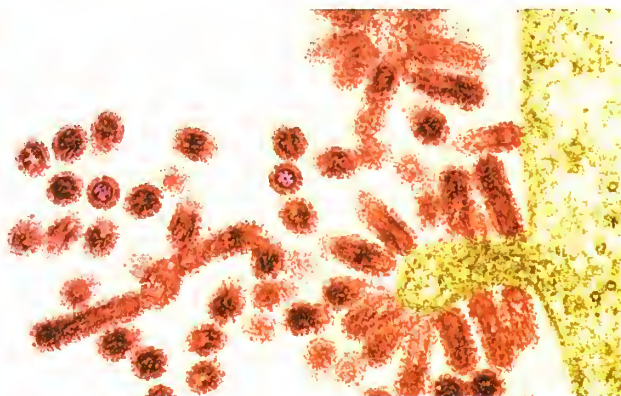
Drugs targeting the binding site would stop replication of all influenza A viruses, including seasonal and avian flu, the researchers said.

**For more information:**

[www.nature.com](http://www.nature.com)



Microscopic image of replicating flu viruses



CSchneissner/Science Photo Library

## A Practical Approach... last week's answers

- a) The ready dispensed prescription cannot be given out as the Medicines Act requires that the supply of prescriptions must be supervised by a pharmacist, and for that to occur there must be a pharmacist on the premises. The situation should be explained to the patient and they should be asked to return later after the emergency locum has arrived.
- b) The urgent prescription cannot be dispensed for the same reason. In this case, probably the best course of action is to refer the patient to the next nearest pharmacy to get it dispensed.
- c) The co-codamol tablets cannot be sold because P medicines, like prescriptions, must be supplied under the supervision of a pharmacist.
- c) The ranitidine tablets should not be sold, because while GSL medicines do not need to be supervised by a pharmacist they must be sold under the 'personal control' of a pharmacist, which requires their presence on the premises. The Statutory Committee has ruled that in some situations the absence of a pharmacist for short periods for legitimate reasons, such as a lunch break or for delivering medicines etc, the premises can still be regarded as under personal control. But in this case, however unfortunate the circumstances, it is unlikely that the premises would be regarded as under personal control as no pharmacist has arrived on the premises that day.

This article can help in the following CPD competencies: C1a, C1f, G1a, G1d, G1v. See [www.tinyurl.com/194zu](http://www.tinyurl.com/194zu)





# Patients prefer pharmacy advice for minor illnesses

The general public prefer to consult a pharmacist for advice on how to manage the symptoms of minor illness, and may be willing to spend just under £23 in doing so.

The study based on subjects from the Medicines Study appears in the December 2006 issue of the British Journal of General Practice.

Some 652 responders to the Medicines Study were invited to complete a discrete-choice questionnaire including questions about lifestyle and socioeconomic issues, and about a scenario describing flu-like symptoms. Responses to the questionnaire were used to measure relative preferences for type of

management, availability, and cost of managing symptoms in symptomatic management of minor illness.

Community pharmacy emerged as the preferred source of advice, but responders were prepared to trade-off between their preferences if they reduced waiting time or cut costs, and the researchers concluded that these factors should be the target of services supporting self-care.

The study subjects were least happy contacting a telephone service or a complementary therapist for advice, but were prepared to change their minds if doing so might save money or reduce waiting times.

## In brief

**Patients treated with lenalidomide** for relapsed chronic lymphocytic leukemia (CLL) or disease that no longer responds to chemotherapy have shown a good response to therapy, according to a phase II study published in the Journal of Clinical Oncology. For more information: <http://www.roswellpark.or>

**Patients receiving the anti-TNF** therapy etanercept may find it easier to self-inject using the new PFS 50mg pre-filled syringe. The PFS is now available to all patients already receiving etanercept via their pharmacist as well as to all new patients. Patients receiving the treatment at home will be switched to the 50mg PFS in March 2007. Patients prescribed twice-weekly Enbrel will have access to a 25mg pre-filled syringe from early next year.

**A practical guide** to the pharmacist's role in the management of diabetes, including extended prescribing and MURs has been published by the National Diabetes Support Team. Diabetes and Pharmacy Services in England can be downloaded as a pdf from [www.diabetes.nhs.uk](http://www.diabetes.nhs.uk)

## New portal for EU medicines info

The European Medicines Agency has launched a website to improve access to medicines information throughout the EU member states.

The Eudrapharm database will enable users to access information about medicines that have been assessed by the European Commission.

When fully established it will be a reference for all medicines authorised by the EU or individual countries.

**For more information:**  
[www.eudrapharm.eu](http://www.eudrapharm.eu)

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# UP IN SMOKE? THE

By Noel Wicks,  
Community Pharmacist

Scotland has always had a reputation for poor health, and in the past has been labelled the "sick man of Europe". In terms of smoking, Scotland has had a higher rate of adult smoking than both England and Wales.<sup>1</sup> In recent years, however, the Scottish Executive Health Department has taken significant steps in transforming NHS Scotland into a service that people can be proud of. Smoking cessation has always been one of the key areas of service delivery and, as is the case throughout the UK, community pharmacy has played its part in delivering these services.

The 2003 report *Reducing Smoking and Tobacco-related Harm: a Key to Transforming Scotland's Health* examined current smoking trends in Scotland. It recommended the introduction of more services to help smokers quit, doing more to make enclosed public places and workplaces smoke-free, and encouraged more action to prevent young people from starting smoking. Three years after the publication of the report, on March 26, 2006, smoke-free legislation was introduced.

The effect of this new legislation is still being felt and many people may still be learning to adjust. At the forefront of effective implementation of this legislation are community pharmacies, whose role in educating people on the dangers of smoking, as well as providing smoking cessation products and advice, has never been more important or significant.

## Before smoke-free legislation ...

Prior to the legislation there were a number of different community pharmacy services available that varied between areas. For example, the stop smoking scheme in Glasgow, the "Starting Fresh Campaign",<sup>2</sup> involved over 90% of pharmacies in the area, and tens of thousands of clients accessed the service. The pharmacy led-campaign was unique to Glasgow and accessible to all smokers in the area in my own area of Forth Valley, many pharmacies were able to offer a specific service to young or pregnant customers, providing their pharmacies were in areas of deprivation. Customers could access these and other services at any time before smoke-free legislation, and access remains in place today.

Other than the availability of a few posters and leaflets, many pharmacies were under-prepared for smoke-free legislation. We didn't receive any specific help or additional resources from the Department of Health, and there wasn't a significant increase in smoking cessation activities from the local primary care organisations or associated bodies. Unfortunately, smoke-free legislation came into force before the new pharmacy contract was implemented in Scotland and, as a result, it was not possible to tie in new practices with the legislation.

## The response to smoke-free legislation

We, like most other pharmacies, were aware of the imminent approach of smoke-free legislation, mainly due to the large amount of advertising put out by the Scottish Executive Health Department. One thing that we could not be aware of, however, was the surge in the number of people that would be looking to access our services just before and after the legislation was introduced.

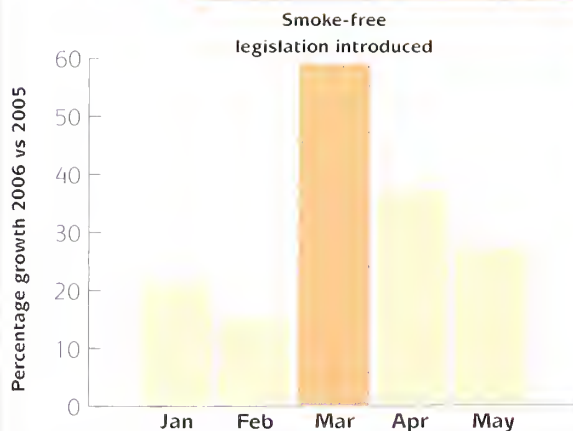
Pharmacies in general were not prepared for the extra quitters wanting to access smoking cessation services. In areas such as Glasgow, where pharmacy services during the "Starting Fresh Campaign" were open to all smokers,



ANNABELLA BLUESKY/SCIENCE PHOTO LIBRARY

FIGURE 1

Scottish pharmacy sales of NRT



Source: IMS RSA trade value sales into retail pharmacy for Scotland\*

pharmacies were better able to cope with the increased demand. In my own pharmacy we struggled simply because the customers coming through the door were unable to access a free NHS service as they did not fit the necessary criteria. However, the demand for services was not based purely on whether people could access a free NHS service and we, therefore, had to ensure that a wide range of smoking cessation products were available to those customers motivated to quit.

## Customer response to smoke-free legislation

The smokers that we encountered were motivated to quit and the barrier of paying for treatment that might be free elsewhere did not necessarily put them off. To generalise, the type of customer we saw most was the more mature smoker. Their main reason for coming to us was that the

# SCOTTISH EXPERIENCE



legislation would stop them from smoking when they enjoyed it most, which was in a social environment. We were certainly not expecting the motivational impact that smoke-free legislation had. The increased demand for nicotine replacement therapy (NRT) products and smoking cessation advice was beyond what we had anticipated (Figure 1). In retrospect, we could have made a much greater effort to place pharmacy at the forefront of supporting smokers with appropriate products and advice during the run up to smoke-free legislation.

## What can be learnt from the Scottish experience?

The key lesson to be learnt can be summed up as **preparation (Box 1)** – there is no substitute for this and it will stand you in good stead if the unexpected should occur.

### BOX 1

#### Pharmacy preparations for smoke-free legislation

Pharmacies can prepare themselves in the following ways:

- 1. Obtain "quit smoking" leaflets for customers
- 2. Advertise the date of smoke-free legislation in the window display
- 3. Appoint a smoking cessation lead staff member
- 4. Provide smoking cessation training to all staff members
- 5. Ensure a good stock and range of NRT products
- 6. Co-ordinate with other local pharmacies
- 7. Communicate with other local smoking

So, what would I have done differently? To start with I would have used all my influence locally to try and organise some kind of campaign around the time of smoke-free legislation being introduced. This might be anything from a PCT-funded NRT initiative to obtaining customer leaflets on giving up smoking or window display materials. Publicity is key and could make good material for local media and newspapers. Furthermore, posters in local pubs and bingo halls would also have helped raise public awareness of smoke-free legislation.

Having the capacity in the pharmacy to deal with any increase in demand is very important. I would recommend making one of your assistants the lead for smoking cessation and to try and access some training and information for them well in advance of the smoke-free legislation date. The busiest times were the few weeks leading up to, and immediately following, smoke-free legislation. Therefore, you should have a good stock of NRT products ready for this increased demand. Don't forget that you are also likely to see an increase in prescriptions for NRT as well as customers coming in on impulse.

## Conclusion

Smoke-free legislation in Scotland triggered a significant increase in the number of smokers motivated to quit, and the resulting demand for NRT products was much higher than expected. With smoke-free legislation due to come into effect in England and Wales on July 1, 2007, community pharmacy is in a prime position to help smokers. With foresight there are a number of preparations and measures that can be implemented prior to smoke-free legislation and my advice, based on my experience of the legislation in Scotland, is to be well prepared!

Sponsored by GlaxoSmithKline



## References

1. Cancer Research UK. January 2005. [http://info.cancerresearchuk.org/images/publicationspdfs/factsheet\\_lung\\_cancer.pdf](http://info.cancerresearchuk.org/images/publicationspdfs/factsheet_lung_cancer.pdf)
2. Reducing Smoking and Tobacco-related Harm: a Key to Transforming Scotland's Health. NHS Scotland. 2005. <http://www.healthscotland.com/uploads/documents/TobaccoReport.pdf>

3. NHS Greater Glasgow and Clyde. [http://www.glasgowpharmacy.nhs.uk/plan\\_2004\\_05.pdf](http://www.glasgowpharmacy.nhs.uk/plan_2004_05.pdf)
4. IMS RSA trade value analysis. 2006. Scotland. Total NRT. November 2006.

  
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## Clinical news

# Lack of detail in kidney disease prescribing

Prescribing information for people with kidney disease is too vague, a report in *Drug and Therapeutics Bulletin* has warned.

People with kidney disease will often require changes in the doses or frequency of commonly prescribed drugs because of their condition, but practical information is lacking.

Examples of drugs affected by impaired renal function are beta-blockers, digoxin, some analgesics such as codeine, some antidepressants such as paroxetine, some antibiotics including amoxicillin and clarithromycin, and some cytotoxic drugs.

Problems can also occur with medications that may impair kidney function, such as NSAIDs and lithium, the report concluded.

The patient's current medication list should be reviewed for any drugs which are affected by or can adversely affect kidney

function and for possible drug interactions.

And patients should also be warned about the nephrotoxic potential of some over-the-counter medicines such as Chinese herbal remedies, the DTB advises.

But despite the fact that around 4 to 5 per cent of the UK population have chronic kidney disease, there is not enough detailed information in summaries of product characteristics and the advice needs to be much more specific.

Dr Ike Iheanacho, editor of DTB, said the advice for chronic kidney disease was often unhelpful, for example when it stated that the drugs should be used with caution without explaining what this means.

**For more information:**  
[www.dtb.org.uk](http://www.dtb.org.uk)

## In brief

**The prices of Hirudoid heparinoid cream and gel treatments for haematoma, bruising and superficial thrombophlebitis have gone up: both the 50g Hirudoid cream and gel tubes are now priced at £3.99.**

**A long-term follow up study published by the British Journal of Cancer has concluded that the Gardasil vaccine prevented 100 per cent of pre-cancerous cervical lesions and genital warts related to human papillomavirus types 6, 11, 16 and 18 for up to five years compared to placebo. Pre-cancerous cervical lesions are the immediate precursors of invasive cervical cancer.**

**A clinical trial commissioned by the NIHR Health Technology Assessment programme is to investigate which of two common treatments for verrucae, cryotherapy and salicylic acid, is the most effective and cost-effective. Almost two million people see their GP about verrucae and warts every year, but recent reviews suggest self-treatment at home with salicylic acid bought OTC may be as effective as GP treatment.**

**Women should be offered long-acting reversible contraception and be fully informed about the pros and cons as recommended by NICE, an alert from the National Prescribing Centre has urged. The guidance also reminds health professionals that combined oral contraceptives raise the risk of venous thromboembolism but the risk is lower than that associated with pregnancy.**

**The MHRA has issued a warning over the dangers of reusing single-use equipment after an investigation by the Health Protection Agency found a series of cases in residential homes where diabetic patients had been infected with hepatitis B.**

**Long-term use of vitamin E supplements does not provide cognitive benefits in healthy older women, results from the Women's Health Study show. For more information: Archives of Internal Medicine 2006; 166: 2462-68.**

# Poor statin compliance causing MI

Thousands of statin users are risking heart attacks because they are either not complying with treatment or are taking too low a dose.

A Dutch team followed the prescription records of 60,000 patients for up to 14 years. More than half were found to have stopped taking statins within two years.

In patients who took the drugs persistently, admissions for heart attack were 30 per cent lower compared with non-persistent users.

Patients on high or intermediate doses had a reduced heart attack risk of 40 per cent compared with only 20 per cent in those on a low dose.

Dr Fernie Penning-van Beest and colleagues calculated that 300 to 400 statin users a year in the Netherlands have an avoidable heart attack because they are taking suboptimal doses or have discontinued treatment.

"Drugs are only really effective if they are used properly and persistently. Getting users to stay on statins and to use them persistently saves lives."



The researchers also reported that those complying with statin use at high or intermediate doses were also more likely to be on second-generation statins such as atorvastatin.

# Diabetes monotherapy under the spotlight

Rosiglitazone is more effective at controlling blood glucose in patients with type 2 diabetes than metformin or glyburide, a large randomised controlled study suggests.

Those treated with rosiglitazone alone are 32 per cent less likely to fail treatment at five years than those on metformin and 63 per cent less likely to fail treatment than those on glyburide, the results show.

More than 4,300 patients were randomised to monotherapy with each of the three

treatments. Monotherapy failure – the primary outcome of the study – was defined as a confirmed fasting plasma glucose of more than 10mmol/L.

The cumulative incidence of monotherapy failure after five years was 15 per cent with rosiglitazone, 21 per cent with metformin and 34 per cent with glyburide. However, glyburide had a lower risk of cardiovascular events than the other two treatments and rosiglitazone was associated with more weight gain and oedema.

In an accompanying editorial, Dr David Nathan of Harvard Medical School, argued that metformin remained the "logical choice" for treatment as the glycaemic benefit of rosiglitazone is modest, it costs more and carries the risk of fluid retention and weight gain.

## For more information:

New England Journal of Medicine 2006; 355: 2427-43

# Botanicals behind oralcare range

Phyto Shield is stepping up its profile in the UK with consumer marketing planning the national press and women's interest and health publications. A UK brand manager has been appointed and trade activity is planned for 2007.

Phyto Shield offers three variants of natural toothpaste: herbal, propolis and lemon myrtle containing eucalyptol, a plant extract derived from the totara tree said to have antibacterial and antioxidant properties. The pastes are free from artificial additives or chemicals including fluoride and sodium lauryl sulphate, says the company.



**Product info:**  
Phyto Shield  
Tel: 07824 358175  
www.phytoshield.com

## Products in brief

### Covonia clears catarrh

Catarrh Relief Formula has been launched by Covonia. The liquid herbal medicine prevents the

production of catarrh, which is said to affect one in five adults, and opens the nasal passages to help excess mucus drain away.  
Price and Pip code: £3.99/100ml; 325-2590  
Thornton & Ross  
Tel: 01484 842217

## Products advertised on TV next week

**Benylin:** All areas & Sat except GMTV

**Bisodol:** C4, five & Sat

**Calpol:** All areas & Sat

**Covonia:** GTV, STV, B, G, Y, HTV, W, TT, five, GMTV & Sat

**DulcoEase:** GMTV

**New Gaviscon Double Action:** All areas & Sat

**Medised:** C4 (Wales), five, GMTV & Sat

**Meltus:** five, GMTV & Sat

**Nicorette:** All areas except Sat

**Paramol:** C4, five and Sat

**Seven Seas Cod Liver Oil:** All areas

**Sudafed Aroma (Plug & Rub):** All areas & Sat except GMTV

**Sudafed Core:** All areas & Sat except GMTV

**Sudocrem:** Sat

**Vicks Sinex Decongestant Capsules:** All areas & Sat

**Vicks First Defence Nasal Spray:** All areas & Sat

**Vicks First Defence Protective Hand Foam:** All areas & Sat

**Windsetlers:** five, GMTV only

**Ymea:** All areas & Sat except C4, five

**PharmaSite for next week:** Anadin Ultra – Windows, Meltus – In-store,

Meltus – Dispensary

**Pharmacy channel:** Imigran Recovery, Beechams Liquid Pocket Packs & Anadin Ultra Double Strength

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTY-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

# Lose the smoke, not the fire



Nicotinell's 'Lose the smoke, keep the fire' campaign returns to TV at the end of this month. Manufacturer Novartis aims to allay smokers' fears about the impact of giving up on their personality and lifestyle.

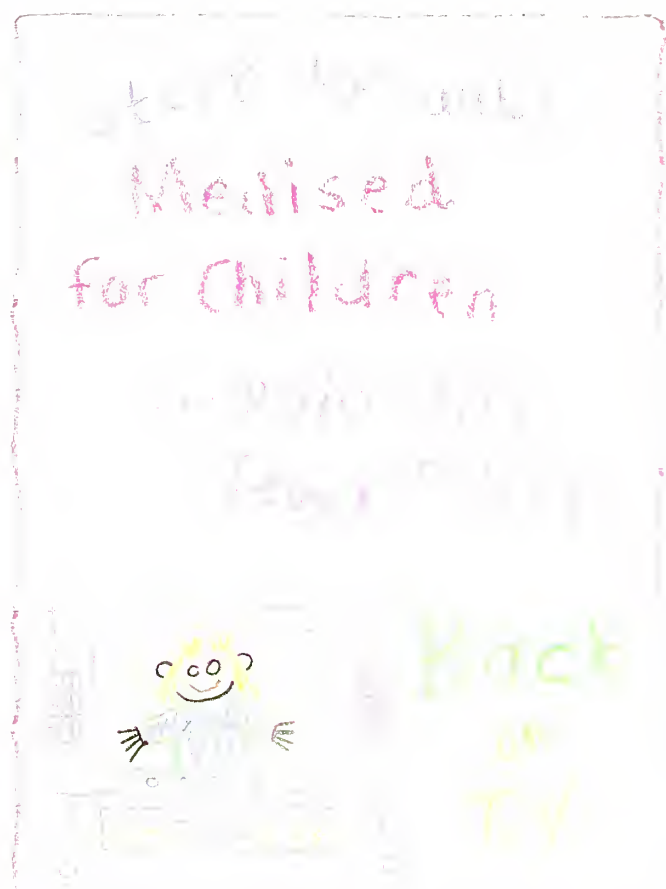
So that the brand can take advantage of the peak post-Christmas sales period, the campaign starts on December 26 and runs for four weeks on ITV, C4, five and satellite channels.

According to Novartis, when the ad was first shown in August (C+D, August 19, 2006, p28), it had an immediate impact on sales. The Step

One Nicotinell patch (TTS30) grew by 26 per cent (IRA All HBA Outlets, value sales % change vs prior, 4 w/e 9 September 2006), helping the brand's overall share to 19.1 per cent in September (IRI All HBA Outlets, value share of category).

The £1.5m campaign includes adverts and advertorials in women's magazines in January and February and a promotion in The Sun.

**Product info:**  
Novartis  
Tel: 01403 210211





# More 'balance' in the workplace

New legislation will enhance maternity and paternity rights and create new obligations for employers

John Davies

The government's Work and Families Act has now passed into law and with it comes new rights for employees and new administrative obligations for employers. The legislation is the latest in a long series of reforms devised under the government's 'work-life balance' agenda.

The centrepiece of the new legislation is the enhancement of maternity and paternity rights, though there is also a significant change to the rules on so-called flexible working.

The period of statutory maternity leave, currently set at six months, is being extended to nine months as from April 2007. The government has moreover given itself the power to extend this to 12 months, and it is committed to taking full advantage of this by the end of the current Parliament.

Maternity leave is split into ordinary and additional maternity leave (AML). At present, ordinary leave is available to all, while additional leave is available only to those with 26 weeks' continuous service with

the employer by the beginning of the fourteenth week before expected confinement. That qualification period for AML is to go.

The period of notice for returning to work is being increased. Currently, when an employee wishes to return earlier than scheduled from her maternity leave, she has to give 28 days' notice to her employer. This is to be extended to eight weeks, a move which is likely to be welcomed by employers.

An interesting innovation, no doubt intended to help sustain the working relationship during extended periods of maternity leave, is to allow employer and employee to agree – if they so wish – that the latter will work for up to 10 days during the period of leave, without that additional involvement serving to bring the period of maternity leave to an end. These involvements are referred to informally as 'Keeping in Touch days'. This will be an entirely voluntary arrangement and there will be no measure of compulsion on either side.

Possibly the biggest single change introduced by the Bill relates to paternity rights. The measures being brought in will mean that couples will be able to arrange between themselves that one or other of the two parents will be available to stay home to look after the child during the first year of its life.

Currently, new fathers have the right to take two weeks' statutory paternity leave within the first eight weeks after birth or adoption, whichever the case may be.

Under the new law, fathers who meet certain qualifying criteria will be able to take an additional period of paternity leave, some of which will be paid. This additional leave will be in addition to the current two weeks' entitlement.

Additional leave will only be available to fathers where the mother has returned to work after taking her maternity leave. For this reason, the regulations that will set out the procedural details of the

reform are likely to provide that the new paternity leave may only be commenced 20 weeks after the child's birth (or, in the case of adoption, after the date of placement). So if a mother returns to work 20 weeks after the birth of her child, the father will be able to take his 26 weeks additional paternity leave beginning immediately after her return. There is likely, though, to be some flexibility in this to allow for a gap between the mother's return to work and the father starting on his additional paternity leave. However the entitlement is taken up – if at all – all leave must be taken before the child's first birthday.

Additional statutory paternity pay (ASPP) will be available only where the mother or adopter has returned to work and has some of her entitlement to statutory maternity pay, maternity allowance or statutory adoption pay left at the time of her return to work. It will remain the case that the mother will have the right to take her full entitlement to leave and pay.

Eligibility to take advantage of the new rules may turn out to be something of a headache for employers because of its potential for abuse. The government has proposed that the new rights should be available not only to the father of a child but to the mother's husband or 'partner' (including civil partner) provided that he assumes responsibility for bringing up the child. Actual paternity of the child will therefore not be the exclusive qualifying factor. There will though be a length of service criterion, of at least one year prior to starting the additional leave.

Fathers on additional paternity leave will also be able to benefit from the new 'Keeping in Touch days' referred to previously.

The right to request flexible working arrangements is to be extended. Currently, parents of children up to six have the legal right to ask their employer for permission to vary their contracts of employment so as to allow them to adopt alternative working patterns that have the object of ensuring that their child benefits from greater contact with one or both parents. (The right is only to ask for such permission, and it is up to the employer to decide whether or not to grant it, but refusal is only possible on one of the stated grounds.) As from April 2007, employees who have caring responsibilities with respect to older children or adult relatives will also have the right to ask for flexible working rights. The grounds for refusal will be the same as they are now.

The Bill also gives the government the power to act on its general election manifesto commitment to increase the statutory leave entitlement, currently set at 20 days. There has been an issue with some employers requiring staff to take bank holiday absences out of their 20 day entitlement. The government intends to remove this loophole and it will do this by increasing the annual leave entitlement to 28 days, to include bank holidays. It is currently consulting with business whether employees should be free to carry forward any unused proportion of the additional eight days leave to the following year, and also whether staff should have the legal right to commute any of that leave to cash.

All these changes are likely to come into full effect in April 2007.

**John Davies FCIS is head of business law at the Association of Chartered Certified Accountants**

## For more information

- [www.dti.gov.uk/employment/workandfamilies/page29478.html](http://www.dti.gov.uk/employment/workandfamilies/page29478.html)
- [www.accaglobal.com](http://www.accaglobal.com)





# You need a slice of the PBC cake

PBC could redistribute billions of pounds of health service investment and reshape primary care – don't miss out

Stephen Fishwick

Some informed commentators believe that practice based commissioning (PBC) won't make it through the winter – but it's far too

risky to stand aside from developments. If PBC does penetrate across England, it could redistribute billions of pounds of health service investment, and significantly reshape primary care in the process. It could lever investment and innovation into community pharmacy, or make the future for pharmacy service development icy cold.

New Department of Health guidance, which sets the operating framework for PBC next year and beyond, recommends that community pharmacy should be involved in the local population needs assessments that underpin service redesign. It also includes community pharmacies in an illustrative list of providers from whom services might be commissioned.

The national pharmacy bodies can take some credit for the pharmacy references, since we jointly lobbied senior DH officials on this matter.

But how vigorously will the guidance be applied

**PBC**  
PART ONE

by GP commissioners, who may see community pharmacy involvement as an inconvenience – or even a threat? And can we rely on SHAs and PCTs to insist that the guidance is followed, when their urgent concern is to get GPs buying into reform?

Enlightened GP commissioners will be receptive to pharmacists' proposals for services that help people avoid expensive, hospital-based 'reliant care'. Medicines management, near-patient testing and out of hours supply are top tips. The really imaginative PBCs might also see the potential for pharmacists with a special interest taking on elements of dermatology, sexual health, pain management and substance misuse services often delivered in secondary care. In many other places, GP commissioners may stick with what they are comfortable with – GP-led solutions.

Whichever situation pertains, the pharmacy response – locally and nationally – must incorporate at least two vital tasks. The first is to make a determined effort to improve dialogue with GPs; secondly, to keep a vigilant eye on local procurement processes, to ensure that all 'willing providers' (the new healthcare market jargon) are given an opportunity to offer services that fit newly designed care pathways.



Stephen Fishwick is head of the National Pharmacy Association NHS service development department

## Pharmacy should unite to reap the benefits

Pharmacists fight their corner and ensure they get the recognition and support from GPs via PBC

Meera Sharma

I would like to echo the sentiment (C+D, December 2, p16) that the DH's new plans for practice based commissioning signal an ideal opportunity for pharmacy to engage with GPs to ensure that the profession maximises this opportunity and "prevents PBC becoming a GP practice self-commissioning closed shop".

For GPs at least, the benefits of this legislation are pretty clear. The new guidance means, quite simply, reduced bureaucracy, more financial freedom and, most encouragingly, improvements to the local incentive schemes will most likely persuade more practices to engage in PBC in the first place – and will give practices a direct income. In a nutshell, GPs will have greater freedom to commission a more targeted range of healthcare services for the benefit of their local community.

But how can these positives work to the advantage of pharmacy? There has long been discussion regarding how closely pharmacists and GPs will need to engage as the community pharmacy contract evolves. With continuing calls for patient services to move to alternative healthcare providers, it seems the new PBC blueprint could be the perfect opportunity for pharmacy to put itself at the forefront. GPs will have far greater control over their budgets, and consequently they will now also have greater freedom to engage with other healthcare professionals to establish the best ways of using

**PBC**  
PART ONE



these finances to benefit their local community. I believe this should be a real catalyst for pharmacy to push forward the transition of healthcare provision from secondary to primary care.

You probably think this is all very well, but clearly it is easier said than done... Andy Burnham's comments at the recent PSNC conference were hardly encouraging, as it seems clear that he will not be directing practice based commissioners to include pharmacy in their plans. Pharmacists must view this as a challenge that can be overcome if they are both proactive and united. Pharmacy professionals, both independents and

multiples, must work together to show GPs that allocating funds in the direction of enhanced services through pharmacy is of mutual benefit.

C+D is also right to point out the "lack of real support for pharmacists who are faced with implementing these changes". The professional services team at UniChem is working on a 'practice based commissioning pack', encompassing a GP and PCT support pack. This will offer practical guidance on how to approach GPs and PCTs at a local level to forge relationships.

Lord Warner said: "PBC gives clinicians the information, levers and incentives to improve services in response to the needs of their patients and local communities and bring care closer to home." Surely for GPs this thinking must extend to the involvement of community pharmacists, who are undoubtedly the most accessible link to the local community in terms of healthcare provision. If we are to ensure the successful rollout of enhanced services (which in the current financial climate of the NHS will be no mean feat), it is imperative that pharmacists unite to fight their corner and ensure they get the recognition and support from GPs via PBC, for the benefit of the sector and, most importantly, for the benefit of patient care.

Meera Sharma is professional manager at UniChem

Practice based commissioning is a time to get involved. S



# Get a piece of the action

Everyone's talking about practice based commissioning and everyone wants a slice of the cake. In the first of our two-part series on PBC, we start by defining what exactly it is

Jennifer Rigby

Practice based commissioning is supposed to be a revolution in the world of healthcare, boldly going where no NHS scheme has managed to fully go before by uniting health professionals to plug the gaps in healthcare provision.

But, underneath the rhetoric, it's not working out that way. Despite claims from the NHS of 81 per cent take up by PCTs and 82 per cent take up by GPs (which, by the way, means only that they have taken the money offered to them just for considering the scheme), there is a real problem with the number of community pharmacists directly involved with providing enhanced services through PBC.

Stephen Fishwick, head of NHS service development at the NPA, worries that the PBC utopia – a joined up, vibrant health community – is light years away from the real world. "In practice, in a lot of places we are aware that pharmacists are being more or less gated out of PBC – deliberately, or through lack of thought," he says.

Barbara Parsons from PSNC has been tracking pharmacist involvement and confirms: "We haven't identified any examples of pharmacist involvement in PBC as such." And Heidi Wright, head of quality improvement at the RPSGB, adds: "The initial focus is on GPs because they are the ones holding the indicative budgets. It will take time for pharmacists, although at the moment it is a bit worrying. There are certainly not many pharmacists involved at the moment."

Uma Patel, a pharmacist from Dunns Chemist in Hounslow, London, is more direct: "I'm sure any GP who can commission themselves, will do. If there is money to be made they are going to be first in the queue – and I don't blame them!"

A big problem is a lack of guidance from the Department of Health regarding pharmacists and practice based commissioning, although there has been some advice issued by government quango Primary Care Contracting. MP Sandra Gidley thinks that if the government could just issue some rules about spreading the work more fairly, the picture would be a lot brighter for pharmacy. "It would be helpful if the government made it clear that pharmacy is involved," she says. "Despite their rhetoric – they say all the right things to us, but not to everyone – it causes problems. For example, practice based commissioning is increasingly being called GP commissioning. It gives the impression that the government isn't bothered about pharmacy, so why should anyone else be?"

At last month's PSNC conference, health minister Andy Burnham defended the government. He boldly stated that practice based commissioning will be achieved "through dialogue and not through a top down directive". In the

same speech, he claimed that the DH sees community pharmacists as the front door to the NHS – but it seems that, for most pharmacists, where PBC is concerned, most people are going in through the window.

Rebecca Thornley, a primary care contracting advisor from the DH, claims that getting pharmacists involved in PBC is at the top of their agenda. "Community pharmacists can play a significant role in practice based commissioning,"

**P B C**  
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she says. "They are particularly well-placed to identify gaps in service provision and bring unique knowledge and expertise."

However, her convincing argument fell down a little when the seven or so examples of pharmacists who are engaged in PBC (cited by her verbally and in the Primary Care Contracting bulletin which looks at pharmacy's role) turned out to be providing enhanced services funded in almost any other way but PBC. For example, with lottery

## Next week in part two

You've found out why to get involved, next get practical advice from a whole host of experts on how to get involved. David Colin-Thomé, national clinical director for primary care at the Department of Health, will explain what pharmacists can learn from premiership footballers – really! – in getting to grips with PBC, and Ajit Malhi, professional services manager at AAH Pharmaceuticals, will reveal his six steps to PBC heaven



I'm sure any GP who can commission themselves, will do. If there is money to be made they are going to be first in the queue – and I don't blame them

**Uma Patel, pharmacist**

anticoagulant service for 12 years, says: "It's definitely a concern for us. We run an established service but when PBC is set up in our area in about a year's time, we're still going to have to bid for it, so it's a worry."

Dinesh Patel, who is the secretary for Sutton & Merton LPC, admits: "We got funding from the lottery to sort out local health inequalities for five years. This is our fourth year. We'll need PBC – but it will require a lot of time and effort. Funding is such a stumbling block." And Roger King, whose weight management service has seen the majority of participants steadily lose weight, feels that their hope of getting funding from PBC is slim. "There was no possibility of getting it funded before – the GPs said no and so did the PCT. It's a new service, and while people are very happy with it, I don't think it will ever get NHS funded."

There are higher hurdles to jump than funding, too. There is a growing fear that not only are pharmacists being left out by the government and by doctors, they are also being left behind in their knowledge. The good news is that there are a number of PCTs and LPCs, and even individual pharmacists, who have engaged with and championed PBC, appointed locality leads, produced guidance documents – such as Essex LPC – and set up workshops, such as the Pharmacy Based Engagement in Practice Based Commissioning workshop held in the North West recently. However, there are many others who have not. Liz Stafford, national primary care liaison manager at Rowlands and Numark, who is leading on PBC in her companies, gave a report at the workshop, and thinks pharmacists need to swot up.

"Pharmacists do seem keen to learn – but when I speak to pharmacists I realise that they have quite a low level of understanding about PBC. We all bandy the phrase around but don't know what it means." Even Sandra Gidley, who used to be a pharmacist before becoming an MP and keeps a keen eye on pharmacy developments, admits: "If I could work out what practice based commissioning actually means or find anyone who knows what it means I'd have more of an opinion about it. All I know is it's been a dog's breakfast so far in terms of pharmacy involvement."

So – what is this PBC, which is causing such a furore and that Alastair Buxton, NHS service head at PSNC, called "the great question mark in the NHS"?

The straightest answer comes from Liz Stafford, who says: "It's a simple explanation – practice based commissioning is really a bottom up process including GPs and healthcare professionals working with patients to understand their needs and to redesign the services to suit them based in primary care not secondary care." So, in theory, pharmacists could be central to the development of PBC around the country?

Certainly, says Alastair Buxton. "It has the potential to be amazing, but it could be a damp squib. If it takes off in a local area the biggest opportunity is for pharmacists to be involved in re-engineering clinical services. It's terrible NHS jargon but it just means getting patients out of hospitals into primary care."

And he, along with all of the other GP, pharmacist and pharmacy representatives who are "living and breathing PBC", as Liz Stafford

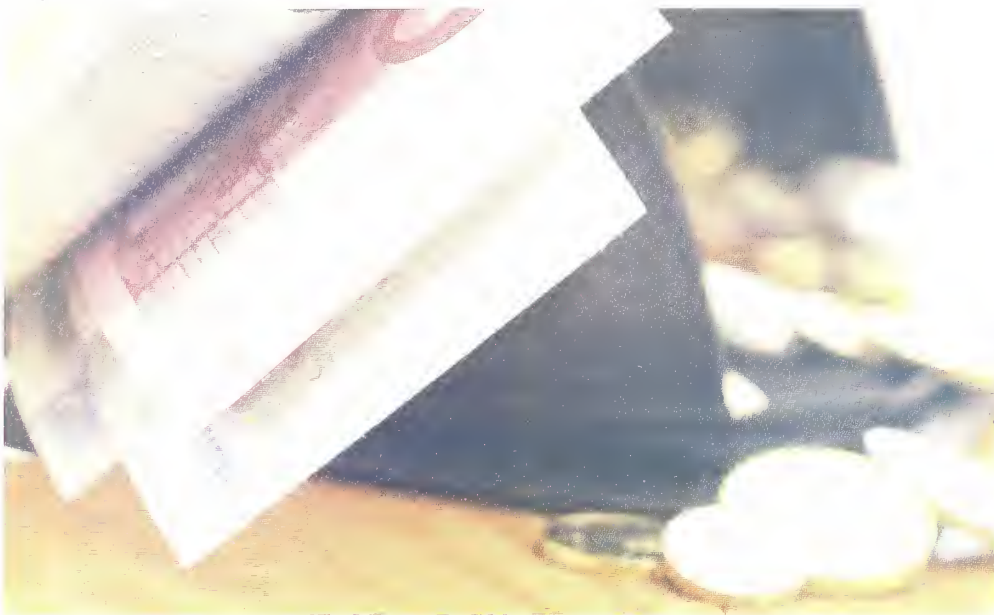
money, such as the holistic lifestyle health education service provided by Sutton and Merton pharmacists, or sponsorship money from companies such as Roche, which is how Roger King funded his weight management service in Dorset. Moreover, several of the pharmacies providing these services are actually worried that PBC could signal the end of their role in these services.

Noel Dixon, whose pharmacy Dixon and Spearman in the North East has been running an



You must work with your LPC and keep your mind on the central issue, which is keep people out of hospital and care for patients. The worst thing you could do is sit back and do nothing

Stephen Fishwick



says that she is, believes that the only way to make sure that PBC isn't a "damp squib" is down to you – the pharmacist.

In fact, a lot of people believe that getting pharmacy's metaphorical foot in the PBC door is up to the pharmacists themselves – because if you won't do it, no-one will. At the moment, the progress made on the implementation of PBC varies wildly around the country – but that doesn't mean, wherever you are and whatever stage your PCT is at, that you can sit back.

Terry Silverstone, who is chief executive of Kingston, Richmond & Twickenham LPC as well as East Surrey LPC, thinks pharmacists should bite the bullet. "It's a great opportunity," he says. "But also a great opportunity for great threats. In terms of community pharmacy, I admit there hasn't been any impact so far because PBC is not really happening for them. But of course it is coming and the LPCs must work with the commissioners."

Sam Hedayati is part of a group of pharmacies which run a mental health drug service as an enhanced service, also in Richmond. He says that the service's current success is down to seizing the day when the local hospital needed help. "It's absolutely the way forward," he says. "It benefits all of us – patients, GPs, pharmacists, PCTs. It would have been harder if we'd been bidding against people, I admit, but we were there at the right time."

Stephen Fishwick agrees. "Things are moving slowly but that is not to say that pharmacists should be waiting until it is further down the line – the opportunity is now," he said. "PCTs are in a hurry to achieve 100 per cent roll out but they mustn't sacrifice good governance and

transparency in their haste to achieve GP buy-in.

"There is a big job in educating general practice about what pharmacists can do, and pharmacists need to be quick off the blocks. My advice is don't wait until there is a level playing field, we can't guarantee that there will be – or somebody else will already have turned your GP's head. And don't wait until you are au fait with absolutely all of PBC because it is a race against time to some extent.

"You must work with your LPC and keep your mind on the central issue, which is keep people out of hospital and care for patients. The worst thing you could do is sit back and do nothing."

The problem here is that, while no-one would claim that pharmacists sit back and do nothing, it is a strange situation for pharmacy to have to self-promote.

As Sandra Gidley puts it: "We aren't used to being self-publicists. We don't shout long enough, loud enough and hard enough about what we can do." In fact, this is just what pharmacists have never done, says Ms Stafford. "I think it is a major cultural change for community pharmacy, but we have to not be afraid of doing this. As a pharmacist, you can go to some meetings and they can go badly, and the GPs will be really unfriendly but so what? It's not going to kill you, keep trying. Or you might go and put your hand up and the GPs are really keen.

"I'd like to tell you all to take a reality check. I'm finding that however much we assume, the majority of GPs won't have a clue what we can do. Talk to your GP about the new contract, MURs, repeat dispensing. It's easy to put some ideas in there."

And by golly, if it works, it will be a major

## For more information

- [www.primarycarecontracting.nhs.uk/99.php](http://www.primarycarecontracting.nhs.uk/99.php) and [www.pcc.nhs.uk/126.php](http://www.pcc.nhs.uk/126.php) – especially Bulletin 5, Pharmacy and PBC.
- [www.npa.co.uk/servnhsdev.php](http://www.npa.co.uk/servnhsdev.php) – a useful resource from the NPA regarding all NHS service development, including PBC.
- [www.dh.gov.uk](http://www.dh.gov.uk) – there is a number of documents on the site, including 'Practice based commissioning: delivering universal coverage', 'Creating a Patient-led NHS', 'Practice based commissioning: early wins and top tips' as well as the original white paper 'Our health, our care our say: a new direction for community services'.
- [www.rpsgb.org](http://www.rpsgb.org) – the most useful document details the Society's study into how effective pharmacy care can be for long-term conditions, called 'Long-term conditions: integrating community's pharmacy's contribution'.
- [www.kingsfund.co.uk](http://www.kingsfund.co.uk) – if you search 'practice based commissioning' you will find its library of articles on this lobby group's site.
- [www.psn.org.uk/contract](http://www.psn.org.uk/contract) – general information.
- [www.improvementfoundation.org](http://www.improvementfoundation.org) – register here to receive documents and guidelines to keep you up to date with PBC.
- [www.nhsalliance.org](http://www.nhsalliance.org) – template business plans for PCTs, among other useful information. Your local PCT and LPC should have their own information for you to look at too.

cultural change in the NHS, too. "The opportunity for individual benefits is huge," says Ms Stafford. "For patients – and I think people often forget the benefits for them – it will be great for them to be able to achieve services closer to home, just like the government white paper told them. And for pharmacists, you get access to PCT budgets, the chance to develop new healthcare pathways, you'll get more remuneration and a real sense of professional development. You'll be a real player in the healthcare system."

One such 'player' is Mike Holden, from Hampshire & Isle of Wight LPC. Pharmacists in his area are perhaps the closest in the country to providing a service through PBC, according to PSNC. When the secondary care anticoagulant clinic collapsed, Mike and his colleagues stepped in with what they call their pre-prepared "Blue Peter version" document for how pharmacy could help, and they are now waiting to see if their bid is chosen above that of the GPs. His LPC has also organised workshops, spent a day away with the local medical committee to discuss PBC and service redesign, and produced a document for GPs to see what pharmacy could do. He says: "We're trying to lay the groundwork for a level playing field. My advice for others? Don't give up – it's worth it."

So PBC could be great news for pharmacy and it seems that, slowly, pharmacy might be waking up to this. Luckily, the pharmacy big guns are waking up too – the RPSGB is preparing a signposting document and the NPA has a help pack. So consider this article a call to arms. As Stephen Fishwick puts it: "You have to knock on the door: – you might find that it is firmly shut, but if you never knock, you'll never know."

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# Co-op rewards super service

Long service and MUR achievement acknowledged at Welsh pharmacy



Staying power: Gareth Jones and Kathleen Meader (centre) with regional sector manager Amanda Ditchfield

Two colleagues at a Co-op Pharmacy in Wales have been presented with awards for their services.

Branch supervisor Kathleen Meader received a bouquet of flowers to mark 30 years at the Llandeilo branch in Carmarthen, while pharmacist Gareth Jones collected a selection of wines to mark carrying out 200 medicines use reviews this year.

Ms Meader was just 16 when she started at the branch in Rhosmaen Street. She has held a number

of different roles and has witnessed a few changes over the years. "It's such a nice place to work. We play an important role in the local community and I know our regular customers by name."

As well as the flowers, Ms Meader will choose another gift in celebration of her long service.

Mr Jones, who has been at the branch for 24 years, said the pharmacy has liaised with the local GP surgery to encourage people to have MURs.

## Charity swim helps cancer research

Three dispensing assistants at a Yorkshire pharmacy have raised almost £500 for Cancer Research in a charity swim.

Kathy Haigh, Jayne McCarthy and Karen Farrar (pictured, left to right), who have clocked up a total 36 years' service at Hillfoot Pharmacy in Pudsey, swam 272 lengths between them.

Ms McCarthy said: "I've been a keen swimmer all my life and I completed 128 lengths in just over 75 minutes. Karen also used to swim regularly but Kathy only started training a few weeks before. They both managed a mile each (72 lengths), which was great."

The three bathing belles put a sponsor form in the shop for customers to make donations and also asked family, friends and the local pub to support them.

Hillfoot Pharmacy is owned by Greer Pharmacy Group, a family owned business of 12 pharmacies

across West Yorkshire and Greater Manchester.

Richard Greer, director, said: "This was a terrific initiative by the ladies and we were all rooting for them to do well. They have achieved a great result and should feel really proud of themselves."



## Appointments



Software company Positive Solutions has set up an ETP taskforce dedicated to helping clients gear up for ETP following the accreditation of its Analyst system. The multi-disciplinary team of six (pictured, left to right) is headed by Jane Lord and includes Ashiq Vanat, Bill Ennis, Laura Buckley, Oliver Siodlak and Stephen Green.

## Counterpart winner keeps it in the family



Pharmacy assistant Harsha Shah won a bottle of champagne in C+D's October Cambridge Counterpart draw, sponsored by Wyeth.

Ms Shah studied CCP while working at the family's pharmacy, Alpha Chemist in Church Road, Northolt, during her summer vacation from Cambridge University, where she is now in her second year of medical studies. Her mother, Usha Shah, supervising pharmacist, is pictured receiving a bottle of champagne on her behalf from Wyeth territory manager Sarah Barber.

Mrs Shah said her daughter hoped to specialise in surgery after Cambridge.

The winner for September was Kerry Foster of NCC at Eyres Monsell in Leicester.

Ms Foster has worked for NCC for five years and received her bottle of bubbly from Richard Waite, senior territory manager. She has three children, three dogs and a cat and enjoys DIY and taking the hounds for long walks in the Leicestershire countryside.

## The fate of an angel

A Dorset pharmacy has been forced to replace its signage after it was stolen from above the shop in Abbotsbury Road, Weymouth.

Dipen Shah, managing director of the Angel Pharmacy, which has four branches in Weymouth, said: "We spent more than £3,000 on striking new pink signage for all of our shops and a few weeks ago the letter 'A' was stolen from the Abbotsbury Road branch."

This was the second time in a fortnight that the letter had been removed. The first time, the pharmacy made an appeal to the local community through the local press to ask if anyone had seen it.

A customer found it dumped in her wheelie bin and returned it, so it was put back.

Now the rest of the letters making up the word 'Angel' have gone.

Mr Shah said: "There's no point in spending any

more money on an expensive sign so we've resorted to cheap and cheerful vinyl. We have no idea who is responsible, but we suspect it might be local teenagers who gather outside the shop in the evenings. It's difficult enough to run a pharmacy, without having to contend with modern day society."

If anyone spots any pink angels decorating the houses of Weymouth over Christmas, you know who they belong to.





A photograph showing a person's hands and arms working on a table. The person is wearing a green bag and a watch. They are handling several papers and a small object. The background is a blue wall with a white star and the text "PARKS &amp; RECREATION".

**A confident, friendly face  
across the counter...**

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# COUNTERPART

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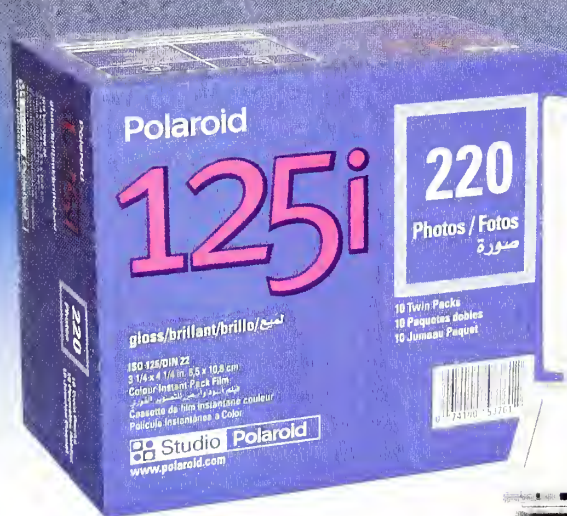
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Please tick the relevant box below to indicate which offer you require.

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Customer Name: (PRINT)

Customer: (SIGNATURE)



# WIN AN IPOD NANO



How aware are you of some of the new, hot and decongestant products on the market, and which are those that you would recommend to others? Answer the questions in this simple survey and you could win an iPod nano.

All answers will remain entirely confidential. If you enter your personal details and receive this survey, term before January 2, 2003, we will enter your name into a draw and you will have the opportunity to win an iPod nano.

			Pharmacy stocks product	In-store leaflets	Friends and family	Sales Rep	TV Advertising	National press and magazines	Trade magazines	Radio	Internet	Other
<b>1. Are you aware of the following new cold products?</b>												
Beechams All in One Liquid Pocket Packs	<b>For each product you have ticked, indicate how you know about it (tick one box only per product)</b>											
Benylin Cold & Flu Max Strength Capsules												
Benylin Cold & Flu Max Strength Sachets												
Lemsip Cold & Flu Soother Sachets												
Lemsip Max Day & Night Cold & Flu Relief Capsules												
Sudafed Inhalant Oil												
SudaRub Vapour Rub												
Vicks First Defence Nasal Spray												
Vicks First Defence Protective Hand Foam												
Vicks Sinex Decongestant Capsules												
<b>2. Which product(s) would you recommend to a customer who is suffering from nasal congestion and/or sinus pressure and pain?</b>												
Beechams Decongestant Capsules	<b>For each product you have ticked, indicate the main reason you would recommend this product (tick one box per product)</b>											
Lemsip Max Sinus Capsules												
Lemsip Max Sinus Decongestant Nasal Spray												
Olbas Inhalant Oil												
Otrivine Decongestant Nasal Spray												
Otrivine Sinusitis Nasal Spray												
Sudafed Congestion Relief Capsules												
Sudafed Decongestant Nasal Spray												
Sudafed Inhalant Oil												
SudaRub Vapour Rub												
Vicks Sinex Decongestant Capsules												
Vicks Sinex Decongestant Nasal Spray												
Vicks Vaporub												
Other												
<b>3. Which product(s) would you recommend to a customer who is suffering from a full blown cold or flu?</b>												
Beechams All in One Liquid	<b>For each product you have ticked, indicate the main reason you would recommend this product (tick one box per product)</b>											
Beechams All in One Liquid Pocket Packs												
Beechams Flu Plus Sachets												
Benylin Cold & Flu Max Strength Capsules												
Benylin Cold & Flu Max Strength Sachets												
Lemsip Cold & Flu Sachets												
Lemsip Cold & Flu Soother Sachets												
Lemsip Max Day & Night Cold & Flu Relief Capsules												
Vicks First Defence Nasal Spray												
Vicks First Defence Protective Hand Foam												
Other												



		Pharmacy stocks product	In-store leaflets	Friends and family	Sales Rep	TV Advertising	National press and magazines	Trade magazines	Radio	Internet	Other
<b>4. Which product(s) would you recommend to a customer who is experiencing the first signs of a cold or who is choosing cold products for a family member?</b>											
Beechams All in One Liquid	<b>For each product you have ticked, indicate the main reason you would recommend this product (tick one box per product)</b>										
Beechams All in One Liquid Pocket Packs											
Beechams Flu Plus Sachets											
Benylin Cold & Flu Max Strength Capsules											
Benylin Cold & Flu Max Strength Sachets											
Lemsip Cold & Flu Sachets											
Lemsip Cold & Flu Soother Sachets											
Lemsip Max Day & Night Cold & Flu Relief Capsules											
Vicks First Defence Nasal Spray											
Vicks First Defence Protective Hand Foam											
Other											

**5. For each of the brands below please tick the statements that best describe them (tick all that apply).**

	Reliable, superior product	Good value for money	Too expensive	Trusted brand	Easy for customers to understand and use	Too confusing for customers to understand	Has good advertising	Stands out in trade press
Beechams All in One								
Benylin Cold & Flu								
Lemsip Cold & Flu								
Vicks First Defence								

**Please send this form back by:**

FAX to 01732 367065

POST (no stamp required) to C+D Cold Products Survey, CMPi UK Ltd, FREEPOST TN2444, Tonbridge, Kent TN9 1BR

**Please complete your personal details below so that we can enter you in the prize draw for an iPod nano.**

Name

Pharmacist ☐ Member of staff ☐

Address

Postcode

Phone

e-mail

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This Supplement updates the latest Chemist & Druggist Monthly Price List. It provides a cumulative list of amendments and previous Supplements should therefore be discarded. Trade prices are per unit unless otherwise stated. *Italic figure (0.14)* is the manufacturers recommended price. *Light upright (0.14)* is a suggested guide. **a** = price advanced. **r** = price reduced. **●** = new entry. **d** = deleted. **c** = change or correction. **i** = insert. **Three simple rules for price checking.**  
**1.** Look under 'This Week's changes'. If price is not listed. **2.** Check cumulative section. *If price is not listed.*  
**3.** Refer to the last main price list. *Price is latest notified.*



	PIP code	Trade	VAT	Retail			PIP code	Trade	VAT	Retail		
<b>MISS SPORTY</b> (Coty)												
lipgloss							ice pack	SA4021	325-7243	6.90(6)	S 1.99	•
fabulous sorbet							lnt					•
camellia 325-3259, daisy 325-3267, iris 325-3275, lily 325-3283,		4.83(3)	S	2.79	•		15g	SA4008	325-7136	3.42(6)	S 0.99	•
parus 325-3291, sunflower 325-3309					•		microporous tape	SA4011	325-7227	5.16(6)	S 1.49	•
<b>MOVIREP</b> (Norgine Pharms)					•		plasters					
(sach 1A, mac rugol 100g, sodium sulphate 7.5g, sodium chloride 2.69g,					•		fabric					
potassium chloride 1.015g, sach B: ascorbic acid 4.7g, sodium ascorbate 5.9g)					•		20 assorted	SA4010	325-7235	3.42(6)	S 0.99	•
sachets	4	324-5156	10.27	S	P		washproof					
<b>MULTI-SAFE 375</b> (F.P. Sales)					•		20	SA4009	325-7128	3.42(6)	S 0.99	•
intra-uterine contraceptive device	289-7718	8.47	L		a		tape					
<b>MULTILOAD CU 375</b> (Organon Labs)					•		low allergy	SA4012	325-7284	5.16(6)	S 1.49	•
	037-5105	9.19	L	POM	c		<b>SCANDISHAKE MIX</b> (Nutricia Clinical Care)					
<b>NELSON'S</b> (Nelsons)							Effective January 01					
Amicare							sachets	6 x 85g	229-9204	11.72	Z	a
arnica cooling gel	30g	325-1170		S	4.20	•	<b>SCHOLL</b> (SSL International)					
<b>NEO-SAFE T380</b> (F.P. Sales)							Effective January 01					
intra-uterine contraceptive device	305-5464	12.58	L		c		Footwear 2006 range					
<b>NEUTROGENA</b> (Neutrogena)							Adapta range					
Norwegian Formula							Dakota	pr	14.94	S	25.00	d
nourishing glow body moisturiser 200ml		22.93(6)	S	4.99	•		black: size 36 304-4948, black: size 37 304-5028,					d
dark 325-3721, fair 325-3739					•		black: size 38 304-5036, black: size 39 304-5044,					d
retreshing foot balm	100ml	325-3747	27.53(6)	S	5.99	•	black: size 40 304-5051, black: size 41 304-5069,					d
<b>NUTRAGEN</b> 1 (Mead Johnson Nutritional)							black: size 42 304-5077, black: size 43 304-5085,					d
Effective January 01							black: size 44 304-5093, black: size 45 304-5101,					d
hypo-allergenic formula	400g	019-8861	8.20	E	12.10 BS	a	black: size 46 304-5119, brick red: size 36 321-6504,					d
<b>NUTRAGEN 2</b> (Mead Johnson Nutritional)							brick red: size 37 321-6512, brick red: size 38 321-6520,					d
Effective January 01							brick red: size 39 321-6538, brick red: size 40 321-6546,					d
speciality infant formula	400g	298-7766	8.20	E	12.10 BS	a	brick red: size 41 321-6553, brick red: size 42 321-6561,					d
<b>OLAY</b> (Procter & Gamble (H.B & C))							green: size 36 321-6363, green: size 37 321-6371,					d
Special Care							green: size 38 321-6389, green: size 39 321-6397,					d
Age Defying							green: size 40 321-6405, green: size 41 321-6413,					d
cleansing milk	200ml	325-5809		S	4.99	•	green: size 42 321-6421, grey: size 36 304-5127,					d
face wash	150ml	325-5817		S	4.99	•	grey: size 37 304-5135, grey: size 38 304-5143,					d
toner	200ml	325-5825		S	4.99	•	grey: size 39 304-5150, grey: size 40 304-5168,					d
wet cloths		325-5833		S	4.99	•	grey: size 41 304-5176, grey: size 42 304-5184,					d
<b>OLIVE</b> (Bray Group)							pink: size 36 321-6439, pink: size 37 321-6447,					d
brushes							pink: size 38 321-6454, pink: size 39 321-6462,					d
nail plastic	69	031-3171	0.40	S		i	pink: size 40 321-6470, pink: size 41 321-6488,					d
nail wood	68	020-4388	0.37	S		i	pink: size 42 321-6496, violet: size 36 321-6579,					d
ponytail rings	PS190	035-7202	1.50(12)	S		d	violet: size 37 321-6587, violet: size 38 321-6595,					d
pumice							violet: size 39 321-6603, violet: size 40 321-6611,					d
small	432/D	313-2370	0.75	S		d	violet: size 41 321-6629, violet: size 42 321-6637					d
tooth picks							Luton	pr	20.91	S	35.00	d
wooden							beige: size 36 321-6645, beige: size 37 321-6652,					d
x 30	622	037-1450	0.55	S		i	beige: size 38 321-6660, beige: size 39 321-6678,					d
Miscellaneous							beige: size 40 321-6686, beige: size 41 321-6694,					d
safety pins							beige: size 42 321-6702, black: size 36 321-6710,					d
nickel-plated	356	034-1784	3.15(12)	S		i	black: size 37 321-6728, black: size 38 321-6736,					d
safety pins gold	357	034-1818	4.15(24)	S		i	black: size 39 321-6744, black: size 40 321-6751,					d
scissors							black: size 41 321-6769, black: size 42 321-6777					d
orange	91236	247-7693	20.00(12)	S		i	Backguard range					
<b>ORTIS</b> (Cedar Health)							Crush	pr	26.89	S	45.00	d
Effective January 01							dark brown: size 36 321-5043, dark brown: size 37 321-5100,					d
creme royale	50ml	251-5500	27.51(6)	S	9.65	a	dark brown: size 38 321-5118, dark brown: size 39 321-5126,					d
devils claw							dark brown: size 40 321-5134, dark brown: size 41 321-5142,					d
gel	100ml	275-8902	28.06(6)	S	7.85	a	dark brown: size 42 321-5159, dark green: size 36 321-5167,					d
ginseng & vitamin E	250ml	024-0457	54.91(6)	S	16.65	a	dark green: size 37 321-5175, dark green: size 38 321-5183,					d
	500ml	005-8800	66.04(4)	S	28.95	a	dark green: size 39 321-5191, dark green: size 40 321-5209,					d
Ortisan							dark green: size 41 321-5217, dark green: size 42 321-5225,					d
natural laxative	12 cubes	024-0374	39.34(12)	S	5.75	a	black: size 36 321-5233, black: size 37 321-5241,					d
	24 cubes	024-0382	32.84(6)	S	9.60	a	black: size 38 321-5258, black: size 39 321-5266,					d
vital iron plus	250ml	251-5518	28.71(6)	S	8.39	a	black: size 40 321-5274, black: size 41 321-5282,					d
<b>OXACTIN</b> (Discovery Pharms)							black: size 42 321-5290					d
capsules	30	279-9328	1.66	S	POM	a	Heather	pr	26.89	S	45.00	d
<b>PIL FOOD</b> (Cedar Health)							black: size 36 321-5571, black: size 37 321-5589,					d
Effective January 01							black: size 38 321-5597, black: size 39 321-5605,					d
capsules	100	049-8667	88.13(6)	S	25.90 SL	a	black: size 40 321-5613, black: size 41 321-5621,					d
<b>PORTIA</b> (Bray Group)							black: size 42 321-5647, dark brown: size 36 321-5654,					d
bandage clips							dark brown: size 37 321-5662, dark brown: size 38 321-5670,					d
100	25	035-4894	4.90	S		i	dark brown: size 39 321-5688, dark brown: size 40 321-5696,					d
fingercots							dark brown: size 41 321-5704, dark brown: size 42 321-5712,					d
latex	196		2.40(100)	S		i	vine: size 36 321-5720, vine: size 37 321-5738,					d
assorted 003-6731, small 269-6029, medium 269-6037, large 269-6045							vine: size 38 321-5746, vine: size 39 321-5753,					d
fingertails							vine: size 40 321-5761, vine: size 41 321-5779,					d
plastic							vine: size 42 321-5787					d
blue with tape ties	209		1.35(12)	S		i	Kinetic	pr	26.89	S	45.00	d
assorted 031-2827, finger: small 247-6810, medium 247-6828,							black: size 36 321-5795, black: size 37 321-5803,					d
large 247-6836, extra large 247-6844, thumb: standard 247-6851,							black: size 38 321-5811, black: size 39 321-5829,					d
large 247-6869, extra large 247-6877							black: size 40 321-5837, black: size 41 321-5845,					d
gloves disposable polythene							black: size 42 321-5852, bordeaux: size 36 321-5860,					d
25 pack							bordeaux: size 37 321-5878, bordeaux: size 38 321-5886,					d
large	218/L	027-7608	0.46	S		i	bordeaux: size 39 321-5894, bordeaux: size 40 321-5902,					d
medium	218/M	027-7590	0.46	S		i	bordeaux: size 41 321-5910, bordeaux: size 42 321-5928,					d
small	218/S	017-3864	0.46	S		i	dark brown: size 36 321-5936, dark brown: size 37 321-5944,					d
large 100	219/L	010-8118	0.78	S		i	dark brown: size 38 321-5951, dark brown: size 39 321-5969,					d
medium 100	219/M	029-5493	0.78	S		i	dark brown: size 40 321-5977, dark brown: size 41 321-5985,					d
small 100	219/S	006-6407	0.78	S		i	dark brown: size 42 321-5993, dark green: size 36 321-6009,					d
syringes							dark green: size 37 321-6017, dark green: size 38 321-6025,					d
ear NHS	570/2	004-3588	1.69	S		d	dark green: size 39 321-6033, dark green: size 40 321-6041,					d
<b>POTASSIUM CHLORIDE</b> (see Moviprep)							dark green: size 41 321-6058, dark green: size 42 321-6066					d
<b>PRENTIF</b> (Lamberts (Dalston))							Kristine	pr	29.87	S	50.00	d
cavity-rm cervical caps	022-6431	7.95	L		c		black leather: size 36 322-6289,					d
<b>PURE PLAN</b> (Cedar Health)							black leather: size 37 322-6297,					d
Effective January 01							black leather: size 38 322-6305,					d
tablets	30	318-8794	45.33(6)	S	13.49	a	black leather: size 39 322-6313,					d
<b>REFLEXIONS</b> (Lamberts (Dalston))							black leather: size 40 322-6321,					d
contraceptive diaphragm							black leather: size 41 322-6339,					d
flat spring	215-2841	5.88	L		r		black leather: size 42 322-6347, black suede: size 36 322-6362,					d
<b>REGAINE</b> (Pfizer Consumer Healthcare)							black suede: size 37 322-6370, black suede: size 38 322-6388,					d
topical solution 2%							black suede: size 39 322-6404, black suede: size 40 322-6412,					d
regular strength							black suede: size 41 322-6420, black suede: size 42 322-6438,					d
for men	60ml	222-1000	36.11(3)	S	24.95 GSL	r	dark brown: size 36 322-6446, dark brown: size 37 322-6464,					d
for women	60ml	284-7309	36.11(3)	S	24.95 GSL	r	dark brown: size 38 322-6479, dark brown: size 39 322-6495,					d
topical solution 5%							dark brown: size 40 322-6503, dark brown: size 41 322-6511,					d
extra strength							dark brown: size 42 322-6529					d
for men	60ml	231-0688	43.35(3)	S	29.95 P	r	Megan	pr	26.89	S	45.00	d
<b>SAFE &amp; SOUND</b> (Paul Murray)							black: size 36 321-6074, black: size 37 321-6082,					d
antiseptic swabs	SA4018	325-7250	3.42(6)	S	0.99	•	black: size 38 321-6090, black: size 39 321-6108,					d
bandage							black: size 40 321-6116, black: size 41 321-6124,					d
calico triangular	SA4016	325-7276	6.90(6)	S	1.99	•	black: size 42 321-6132, dark brown: size 36 321-6140,					d
crepe	SA4003	325-7193	5.16(6)	S	1.49	•	dark brown: size 37 321-6157, dark brown: size 38 321-6165,					d
stretchable	SA4001	325-7219	5.16(6)	S	1.49	•	dark brown: size 39 321-6173, dark brown: size 40 321-6181,					d
dressing							dark brown: size 41 321-6199, dark brown: size 42 321-6207					d
fabric strip	SA4005	325-7169	5.16(6)	S	1.49	•	Tribe	pr	23.90	S	40.00	d
finger							black: size 36 321-6215, black: size 37 321-6223,					

	PIP code	Trade	VAT	Retail		PIP code	Trade	VAT	Retail	
Exercise range						brick red size 40 324-4811, brick red size 41 324-4829,				
Talisman	pr	20.91	S	35.00	d	brick red size 42 324-4837, camel size 36 324-4845,				
dark grey size 36 321-7627, dark grey size 37 321-7635,					d	camel size 37 324-4860, camel size 38 324-4878,				
dark grey size 38 321-7643, dark grey size 39 321-7650,					d	camel size 39 324-4886, camel size 40 324-4894,				
dark grey size 40 321-7668, dark grey size 41 321-7676,					d	camel size 41 324-4902, camel size 42 324-4910,				
dark grey size 42 321-7684, fuchsia size 36 321-7692,					d	dark brown size 36 324-4928, dark brown size 37 324-4936,				
fuchsia size 37 321-7700, fuchsia size 38 321-7718,					d	dark brown size 38 324-4944, dark brown size 39 324-4951,				
fuchsia size 39 321-7726, fuchsia size 40 321-7734,					d	dark brown size 40 324-4969, dark brown size 41 324-4977,				
fuchsia size 41 321-7742, fuchsia size 42 321-7759,					d	dark brown size 42 324-4985				
plum size 36 321-7767, plum size 37 321-7775,					d	Crystal	pr	24.20	S	40.00
plum size 38 321-7783, plum size 39 321-7791,					d	beige size 36 317-9405, beige size 37 317-9413,				
plum size 40 321-7809, plum size 41 321-7817,					d	beige size 38 317-9421, beige size 39 317-9439,				
plum size 42 321-7833					d	beige size 40 317-9447, beige size 41 317-9454,				
Gelactiv range					d	beige size 42 317-9462				
Dahlia	pr	29.87	S	50.00	d	Ellen	pr	21.18	S	35.00
black size 36 321-6991, black size 37 321-7007,					d	beige size 36 317-7631, beige size 37 317-7649,				
black size 38 321-7015, black size 39 321-7023,					d	beige size 38 317-7656, beige size 39 317-7664,				
black size 40 321-7031, black size 41 321-7049,					d	beige size 40 317-7672, beige size 41 317-7680,				
black size 42 321-7056, dark brown size 36 321-7064,					d	beige size 42 317-7698,				
dark brown size 37 321-7072, dark brown size 38 321-7080,					d	dark brown size 36 321-5357, dark brown size 37 321-5365,				
dark brown size 39 321-7098, dark brown size 40 321-7106,					d	dark brown size 38 321-5373, dark brown size 39 321-5381,				
dark brown size 41 321-7114, dark brown size 42 321-7122,					d	dark brown size 40 321-5399, dark brown size 41 321-5407,				
olive size 36 321-7130, olive size 37 321-7148,					d	dark brown size 42 321-5415, dark green size 36 321-5423,				
olive size 38 321-7155, olive size 39 321-7163,					d	dark green size 37 321-5431, dark green size 38 321-5449,				
olive size 40 321-7171, olive size 41 321-7189,					d	dark green size 39 321-5456, dark green size 40 321-5464,				
olive size 42 321-7197					d	dark green size 41 321-5472, dark green size 42 321-5480,				
Freshia	pr	29.87	S	50.00	d	wine size 36 321-5498, wine size 37 321-5506,				
black size 36 321-7205, black size 37 321-7213,					d	wine size 38 321-5514, wine size 39 321-5522,				
black size 38 321-7221, black size 39 321-7239,					d	wine size 40 321-5530, wine size 41 321-5548,				
black size 40 321-7247, black size 41 321-7254,					d	wine size 42 321-5555				
black size 42 321-7262, dark brown leather size 36 321-7270,					d	Fern	pr	24.20	S	40.00
dark brown leather size 37 321-7288,					d	black size 4 324-5149, black size 5 324-5164,				
dark brown leather size 38 321-7296,					d	black size 6 324-5172, black size 7 324-5180,				
dark brown leather size 39 321-7304,					d	black size 8 324-5198, tan size 4 324-5206,				
dark brown leather size 40 321-7312,					d	tan size 5 324-5214, tan size 6 324-5222, tan size 7 324-5230,				
dark brown leather size 41 321-7320,					d	tan size 8 324-5248				
dark brown leather size 42 321-7338,					d	Fiona	pr	21.18	S	35.00
dark brown suede size 36 321-7346,					d	black size 36 324-5685, black size 37 324-5693,				
dark brown suede size 37 321-7353,					d	black size 38 324-5701, black size 39 324-5719,				
dark brown suede size 38 321-7361,					d	black size 40 324-5727, black size 41 324-5735,				
dark brown suede size 39 321-7379,					d	black size 42 324-5743, tan size 36 324-5750,				
dark brown suede size 40 321-7387,					d	tan size 37 324-5768, tan size 38 324-5776,				
dark brown suede size 41 321-7395,					d	tan size 39 324-5784, tan size 40 324-5792,				
dark brown suede size 42 321-7403, olive size 36 321-7411,					d	tan size 41 324-5800, tan size 42 324-5818				
olive size 37 321-7429, olive size 38 321-7437,					d	Gypsy	pr	24.20	S	40.00
olive size 39 321-7445, olive size 40 321-7452,					d	black size 36 317-8969, black size 37 317-8977,				
olive size 41 321-7460, olive size 42 321-7478					d	black size 38 317-8985, black size 39 317-8993,				
Holly	pr	29.87	S	50.00	d	black size 40 317-9009, black size 41 317-9017,				
black size 36 321-7486, black size 37 321-7494,					d	black size 42 317-9025, dark brown size 36 317-9033,				
black size 38 321-7502, black size 39 321-7510,					d	dark brown size 37 317-9041, dark brown size 38 317-9058,				
black size 40 321-7528, black size 41 321-7536,					d	dark brown size 39 317-9066, dark brown size 40 317-9074,				
black size 42 321-7544, dark brown size 36 321-7551,					d	dark brown size 41 317-9082, dark brown size 42 317-9090,				
dark brown size 37 321-7569, dark brown size 38 321-7577,					d	Hema	pr	24.20	S	40.00
dark brown size 39 321-7585, dark brown size 40 321-7593,					d	beige size 36 324-5545, beige size 37 324-5552,				
dark brown size 41 321-7601, dark brown size 42 321-7619					d	beige size 38 324-5560, beige size 39 324-5578,				
Massage range					d	beige size 40 324-5586, beige size 41 324-5594,				
Hutu	pr	23.90	S	40.00	d	beige size 42 324-5602, black size 36 324-5610,				
dark brown size 36 321-7858, dark brown size 37 321-7866,					d	black size 37 324-5628, black size 38 324-5636,				
dark brown size 38 321-7882, dark brown size 39 321-7890,					d	black size 39 324-5644, black size 40 324-5651,				
dark brown size 40 321-7908, dark brown size 41 321-7916,					d	black size 41 324-5669, black size 42 324-5677				
dark brown size 42 321-7924, tan size 36 321-7932,					d	Jingle	pr	27.23	S	45.00
tan size 37 321-7940, tan size 38 321-7957,					d	beige size 36 317-9108, beige size 37 317-9116,				
tan size 39 321-7965, tan size 40 321-7973,					d	beige size 38 317-9124, beige size 39 317-9140,				
tan size 41 321-7981, tan size 42 321-7999,					d	beige size 40 317-9157, beige size 41 317-9165,				
wine size 36 321-8005, wine size 37 321-8013,					d	beige size 42 317-9173, black size 36 317-9181,				
wine size 38 321-8021, wine size 39 321-8039,					d	black size 37 317-9199, black size 38 317-9207,				
wine size 40 321-8047, wine size 41 321-8054,					d	black size 39 317-9215, black size 40 317-9223,				
wine size 42 321-8062					d	black size 41 317-9231, black size 42 317-9249				
Mau	pr	26.89	S	45.00	d	Lou	pr	24.20	S	40.00
dark brown size 36 321-8260, dark brown size 37 321-8278,					d	black/red size 4 324-5826, black/red size 5 324-5834,				
dark brown size 38 321-8286, dark brown size 39 321-8294,					d	black/red size 6 324-5842, black/red size 7 324-5859,				
dark brown size 40 321-8302, dark brown size 41 321-8310,					d	black/red size 8 324-5867				
dark brown size 42 321-8328, wine size 36 321-8336,					d	Mango	pr	18.15	S	30.00
wine size 37 321-8344, wine size 38 321-8351,					d	beige size 36 309-8076, beige size 37 309-8084,				
wine size 39 321-8369, wine size 40 321-8377,					d	beige size 38 309-8092, beige size 39 309-8100,				
wine size 41 321-8385, wine size 42 321-8393					d	beige size 40 309-8118, beige size 41 309-8126,				
Platinum	pr	26.89	S	45.00	d	beige size 42 309-8134, navy smoke size 36 275-3200,				
black size 36 321-8401, black size 37 321-8419,					d	navy smoke size 37 275-3226, navy smoke size 38 275-3267,				
black size 38 321-8427, black size 39 321-8435,					d	navy smoke size 39 275-3275, navy smoke size 40 275-3291,				
black size 40 321-8443, black size 41 321-8450,					d	navy smoke size 41 275-3309, navy smoke size 42 275-3358				
black size 42 321-8468, tan size 36 321-8476,					d	Margherita	pr	18.15	S	30.00
tan size 37 321-8484, tan size 38 321-8492,					d	black size 36 324-5404, black size 37 324-5412,				
tan size 39 321-8500, tan size 40 321-8518,					d	black size 38 324-5420, black size 39 324-5438,				
tan size 41 321-8526, tan size 42 321-8534,					d	black size 40 324-5446, black size 41 324-5453,				
wine size 36 321-8542, wine size 37 321-8559,					d	black size 42 324-5461, tan size 36 324-5479,				
wine size 38 321-8567, wine size 39 321-8575,					d	tan size 37 324-5487, tan size 38 324-5495,				
wine size 40 321-8583, wine size 41 321-8591,					d	tan size 39 324-5503, tan size 40 324-5511,				
wine size 42 321-8609					d	tan size 41 324-5529, tan size 42 324-5537				
Softy	pr	23.90	S	40.00	d	Melba	pr	27.23	S	45.00
black size 36 304-5055, black size 37 304-5063,					d	black size 36 317-9967, black size 37 317-9975,				
black size 38 304-5071, black size 39 304-5097,					d	black size 38 317-9983, black size 39 317-9991,				
black size 40 304-5147, black size 41 304-5154,					d	black size 40 318-0007, black size 41 318-0015,				
black size 42 304-5188, brown size 36 304-5853,					d	black size 42 318-0023, tan size 36 318-0031,				
brown size 37 304-5861, brown size 38 304-5887,					d	tan size 37 318-0049, tan size 38 318-0056,				
brown size 39 304-5895, brown size 40 304-5929,					d	tan size 39 318-0064, tan size 40 318-0072,				
brown size 41 304-5937, brown size 42 304-5945,					d	tan size 41 318-0080, tan size 42 318-0098				
camel size 36 304-5952, camel size 37 304-5960,					d	Nectar	pr	24.20	S	40.00
camel size 38 304-5978, camel size 39 304-5986,					d	platinum size 36 324-5255, platinum size 37 324-5263,				
camel size 40 304-6000, camel size 41 304-6018,					d	platinum size 38 324-5271, platinum size 39 324-5289,				
camel size 42 304-6026, red size 36 304-6034,					d	platinum size 40 324-5297, platinum size 41 324-5305,				
red size 37 304-6042, red size 38 304-6059,					d	platinum size 42 324-5313, turquoise size 36 324-5321,				
red size 39 304-6067, red size 40 304-6075,					d	turquoise size 37 324-5339, turquoise size 38 324-5347,				
red size 41 304-6083, red size 42 304-6091					d	turquoise size 39 324-5354, turquoise size 40 324-5362,				
Memory Cushion range					d	turquoise size 41 324-5370, turquoise size 42 324-5396,				
Tollie	pr	17.92	S	30.00	d	white size 36 318-0254, white size 37 318-0262,				
dark brown size 36 321-6785, dark brown size 37 321-6793,					d	white size 38 318-0270, white size 39 318-0288,				
dark brown size 38 321-6801, dark brown size 39 321-6819,					d	white size 40 318-0296, white size 41 318-0304,				
dark brown size 40 321-6827, dark brown size 41 321-6835,					d	white size 42 318-0312				
dark brown size 42 321-6843, dark red size 36 321-6850,					d	Nina	pr	24.20	S	40.00
dark red size 37 321-6868, dark red size 38 321-6876,					d	black size 36 318-0106, black size 37 318-0114,				
dark red size 39 321-6884, dark red size 40 321-6892,					d	black size 38 318-0122, black size 39 318-0130,				
dark red size 41 321-6900, dark red size 42 321-6918,					d	black size 40 318-0148, black size 41 318-0155,				
denim size 36 321-6926, denim size 37 321-6934,					d	black size 42 318-0163, pink size 36 318-0171,				
denim size 38 321-6942, denim size 39 321-6959,					d	pink size 37 318-0189, pink size 38 318-0197,				
denim size 40 321-6967, denim size 41 321-6975,					d	pink size 39 318-0205, pink size 40 318-0213,				
denim size 42 321-6983					d	pink size 41 318-0221, pink size 42 318-0239				
Footwear 2007 range					d	Rattle	pr	21.18	S	35.00
Every Day Sandals					d	tan size 3 324-6055, tan size 4 324-6063, tan size 5 324-6071,				
Charleston	pr	27.23	S	45.00	d	tan size 6 324-6089, tan size 7 324-6097, tan size 8 3				



	PIP code	Trade	VAT	Retail			PIP code	Trade	VAT	Retail		
white size 7 324-6154, white size 8 324-6162					1		tanpe size 36 299-3293, tanpe size 37 299-3301,				1	
Rivet pr	24 20	S	40.00		•		tanpe size 38 299-3319, tanpe size 39 299-3327,				1	
brown size 3 324-5875, brown size 4 324-5883,					1		tanpe size 40 299-3335, tanpe size 41 299-3343,				1	
brown size 5 324-5891, brown size 6 324-5909,					1		tanpe size 42 299-3350				1	
brown size 7 324-5917, brown size 8 324-5925					1		Papete pr	21.18	S	35.00	•	
Sound pr	30.26	S	50.00		•		fuchsia size 36 317-7490, fuchsia size 37 317-7508,				1	
heige size 36 317-9264, heige size 37 317-9272,					1		fuchsia size 38 317-7516, fuchsia size 39 317-7524,				1	
heige size 38 317-9280, heige size 39 317-9298,					1		fuchsia size 40 317-7532, fuchsia size 41 317-7540,				1	
heige size 40 317-9306, heige size 41 317-9314,					1		fuchsia size 42 317-7557, green size 36 317-7565,				1	
heige size 42 317-9322, black size 36 317-9330,					1		green size 37 317-7573, green size 38 317-7581,				1	
black size 37 317-9348, black size 38 317-9355,					1		green size 39 317-7599, green size 40 317-7607,				1	
black size 39 317-9363, black size 40 317-9371,					1		green size 41 317-7615, green size 42 317-7623				1	
black size 41 317-9389, black size 42 317-9397					1		Shanghai pr	18.15	S	30.00	•	
Weaver pr	24 20	S	40.00		•		black size 36 324-6444, black size 37 324-6451,				1	
heige size 3 324-5933, heige size 4 324-5941,					1		black size 38 324-6469, black size 39 324-6477,				1	
heige size 5 324-5958, heige size 6 324-5966,					1		black size 40 324-6485, black size 41 324-6493,				1	
heige size 7 324-5974, heige size 8 324-5982,					1		black size 42 324-6501, light blue size 36 324-6519,				1	
black size 3 324-5990, black size 4 324-6006,					1		light blue size 37 324-6527, light blue size 38 324-6535,				1	
black size 5 324-6014, black size 6 324-6022,					1		light blue size 39 324-6543, light blue size 40 324-6550,				1	
black size 7 324-6030, black size 8 324-6048					1		light blue size 41 324-6568, light blue size 42 324-6576				1	
Willow pr	21.18	S	35.00		•		Professional Bonus Punched pr	24 20	S	40.00	•	
ice white size 4 324-4993, ice white size 5 324-5008,					1		navy size 35 324-6600, navy size 36 324-6618,				1	
ice white size 6 324-5016, ice white size 7 324-5024,					1		navy size 37 324-6624, navy size 38 324-6639,				1	
ice white size 8 324-5032, navy size 4 324-5040,					1		navy size 39 324-6675, navy size 40 324-6691,				1	
navy size 5 324-5057, navy size 6 324-5065,					1		navy size 41 324-6709, navy size 42 324-6717,				1	
navy size 7 324-5073, navy size 8 324-5081,					1		white size 36 318-1229, white size 37 318-1237,				1	
red size 4 324-5099, red size 5 324-5107, red size 6 324-5115,					1		white size 38 318-1252, white size 39 318-1260,				1	
red size 7 324-5123, red size 8 324-5131					1		white size 40 318-1278, white size 41 318-1286,				1	
Mens					1		white size 42 318-1245				1	
Moldava Mens pr	18.15	S	30.00		•		Endure pr	21.18	S	35.00	•	
dark brown size 41 299-4010, dark brown size 42 299-4028,					1		black size 36 318-0890, black size 37 318-0908,				1	
dark brown size 43 299-4036, dark brown size 44 299-4044,					1		black size 38 318-0916, black size 39 318-0924,				1	
dark brown size 45 299-4051, dark brown size 46 299-4069					1		black size 40 318-0932, black size 41 318-0940,				1	
Shale pr	21.18	S	35.00		•		black size 42 318-0965, white size 36 318-0981,				1	
brown multi size 41 324-6584, brown multi size 42 324-6790,					1		white size 37 318-1005, white size 38 318-1013,				1	
brown multi size 43 324-6808, brown multi size 44 324-6816,					1		white size 39 318-1021, white size 40 318-1039,				1	
brown multi size 45 324-6824, brown multi size 46 324-6832					1		white size 41 318-1047, white size 42 318-1054				1	
Sterling pr	27.23	S	45.00		•		The Originals				1	
black size 41 317-9611, black size 42 317-9629,					1		Leatherlook				1	
black size 43 317-9637, black size 44 317-9645,					1		high heeled pr	16 94	S	28.00	•	
black size 45 317-9652, black size 46 317-9660,					1		black size 36 309-5957, black size 37 309-5965,				1	
dark brown size 41 317-9678, dark brown size 42 317-9686,					1		black size 38 309-5973, black size 39 309-5981,				1	
dark brown size 43 317-9694, dark brown size 44 317-9702,					1		black size 40 309-5999, black size 41 309-6005,				1	
dark brown size 45 317-9710, dark brown size 46 317-9728					1		black size 42 309-6013, black size 36 324-6204,				1	
Natural Sport					1		boardeau size 37 324-6212, boardeau size 38 324-6220,				1	
Aquajet Splash pr	12.10	S	20.00		•		boardeau size 39 324-6238, boardeau size 40 324-6246,				1	
black/silver size 36 275-4018, black/silver size 37 275-4026,					1		boardeau size 41 324-6253, boardeau size 42 324-6279,				1	
black/silver size 38 275-4034, black/silver size 39 275-4042,					1		dark blue size 36 084-3284, dark blue size 37 084-3268,				1	
black/silver size 40 275-4059, black/silver size 41 275-4067,					1		dark blue size 38 084-3250, dark blue size 39 084-3243,				1	
black/silver size 42 275-4075, black/silver size 43 275-4083,					1		dark blue size 40 244-3166, dark blue size 41 084-3235,				1	
black/silver size 44 275-4091, black/silver size 45 275-4117,					1		dark blue size 42 084-3227, stone size 36 084-3417,				1	
black/silver size 46 275-4125					1		stone size 37 084-3409, stone size 38 084-3391,				1	
navy/turquoise size 36 265-4630,					1		stone size 39 084-3383, stone size 40 244-3174,				1	
navy/turquoise size 37 265-4648,					1		stone size 41 084-3375, stone size 42 084-3367				1	
navy/turquoise size 39 265-4663,					1		low heeled pr	16 94	S	28.00	•	
navy/turquoise size 40 265-4671,					1		heige size 36 265-3814, heige size 37 265-3822,				1	
navy/turquoise size 41 265-4697,					1		heige size 38 265-3830, heige size 39 265-3848,				1	
navy/turquoise size 42 265-4739,					1		heige size 40 265-3855, heige size 41 265-3863,				1	
navy/turquoise size 43 265-4747,					1		heige size 42 265-3871, black size 36 309-6047,				1	
navy/turquoise size 44 265-4754,					1		black size 37 092-9737, black size 38 092-9745,				1	
navy/turquoise size 45 265-4762,					1		black size 39 092-9752, black size 40 092-9778,				1	
navy/turquoise size 46 265-4770					1		black size 41 092-9786, black size 42 092-9794,				1	
Fitness Massage					1		navy size 36 265-3749, navy size 37 265-3756,				1	
navy blue size 36 265-4788, navy blue size 37 265-4796,					1		navy size 38 265-3764, navy size 39 265-3772,				1	
navy blue size 38 265-4804, navy blue size 39 265-4812,					1		navy size 40 265-3780, navy size 41 265-3798,				1	
navy blue size 40 265-4820, navy blue size 41 265-4838,					1		navy size 42 265-3806				1	
navy blue size 42 265-4846, white size 36 265-4853,					1		Pescara Flat pr	18.15	S	30.00	•	
white size 37 265-4861, white size 38 265-4879,					1		black size 36 309-6054, black size 37 309-6062,				1	
white size 39 265-4887, white size 40 265-4895,					1		black size 38 309-6070, black size 39 309-6088,				1	
white size 41 265-4903, white size 42 265-4911					1		black size 40 309-6096, black size 41 309-6104,				1	
Natural Walking					1		black size 42 309-6112, black size 43 309-6120,				1	
Acapulco pr	15.13	S	25.00		•		black size 44 309-6138, black size 45 309-6146,				1	
dark brown size 37 317-7326, dark brown size 38 317-7334,					1		black size 46 309-6153, brown size 36 309-6161,				1	
dark brown size 39 317-7342, dark brown size 40 317-7359					1		brown size 37 309-6179, brown size 38 309-6187,				1	
Airbag pr	24.20	S	40.00		•		brown size 39 309-6195, brown size 40 309-6203,				1	
brown size 36 309-5007, brown size 37 309-5015,					1		brown size 41 309-6211, brown size 42 309-6229,				1	
brown size 38 309-5023, brown size 39 309-5031,					1		brown size 43 309-6237, brown size 44 309-6245,				1	
brown size 40 309-5049, brown size 41 309-5056,					1		brown size 45 309-6252, brown size 46 309-6260				1	
brown size 42 309-5064, brown size 43 309-5072,					1		Pescara Heel pr	18.15	S	30.00	•	
brown size 44 309-5080, brown size 45 309-5098,					1		pale pink leather size 36 317-8191,				1	
brown size 46 309-5106					1		pale pink leather size 37 317-8209,				1	
Airbag back strap pr	27.23	S	45.00		•		pale pink leather size 38 317-8217,				1	
brown size 36 309-5114, brown size 37 309-5122,					1		pale pink leather size 39 317-8225,				1	
brown size 38 309-5130, brown size 39 309-5148,					1		pale pink leather size 40 317-8233,				1	
brown size 40 309-5155, brown size 41 309-5163,					1		pale pink leather size 41 317-8241,				1	
brown size 42 309-5171, brown size 43 309-5189,					1		pale pink leather size 42 317-8258,				1	
brown size 44 309-5197, brown size 45 309-5205,					1		red leather size 36 244-3778, red leather size 37 244-3786,				d	
brown size 46 309-5213					1		red leather size 38 244-3794, red leather size 39 244-3802,				d	
Ecuador pr	21.18	S	35.00		•		red leather size 40 244-3810, red leather size 41 244-3828,				d	
dark brown size 36 324-6303, dark brown size 37 324-6311,					1		red leather size 42 244-3836				d	
dark brown size 38 324-6329, dark brown size 39 324-6337,					1		SENSODYNE (GlaxoSmithKline Consumer)				1	
dark brown size 40 324-6345, dark brown size 41 324-6352,					1		toothbrushes				1	
dark brown size 42 324-6360, sand size 36 324-6378,					1		Pronamel soft 325-7482	...	S	2.99	•	
sand size 37 324-6386, sand size 38 324-6394,					1		SIMPLICITY HEALTH (Simplicity Health)				1	
sand size 39 324-6402, sand size 40 324-6410,					1		Bio-Chek				1	
sand size 41 324-6428, sand size 42 324-6436					1		meopapate tests 2 325-7458	5 10	S	9.99	•	
Egypt pr	15.13	S	25.00		•		SIMVADOR (Discovery Pharms)				1	
heige size 36 299-3368, heige size 37 299-3376,					1		tablets				1	
heige size 38 299-3384, heige size 39 299-3392,					1		10mg 28 294-1441	1.50	S	...	POM	a
heige size 40 299-3400, heige size 41 299-3418,					1		20mg 28 294-1458	1.82	S	...	POM	a
heige size 42 299-3426, black size 36 309-5296,					1		40mg 28 294-1466	3.20	S	...	POM	a
black size 37 309-5304, black size 38 309-5312,					1		SINEPIN (Marlborough Pharms)				1	
black size 39 309-5320, black size 40 309-5338,					1		(distributors UDG)				1	
black size 41 309-5346, black size 42 309-5353,					1		(doxepin HCl)				1	
tan size 36 299-3434, tan size 37 299-3442,					1		capsules				1	
tan size 38 299-3459, tan size 39 299-3467,					1		25mg 28 014-9443	3.77	S	...	POM	c
tan size 40 299-3475, tan size 41 299-3483,					1		50mg 28 014-9815	5.71	S	...	POM	i
tan size 42 299-3491												

		PIP code	Trade	VAT	Retail	
2-in-1	316-9158	13 56(12)	S	1 99		
<b>TRADOREC XL</b> (Recordati Pharms) ( <i>tramadol hydrochloride</i> ) tablets						
100mg	30	325-4620	14 10	S	POM	*
200mg	30	325-4612	14 98	S	POM	*
300mg	30	325-4646	22 47	S	POM	*
<b>TRAMADOL</b> (see Tradorec XL)						
<b>VEGENAT</b> (Archaelis) instant textured modified meals 12 x 110g chicken curry 325-4638, chicken 229-4072, fish 229-4064, winter veg 229-4080 balanced protein 24 x 55g apple 229-4114, chocolate 229-4148, honey 229-4122, orange 229-4130 high protein 24 x 55g lemon 229-4098, rice & lemon 229-4106		44 55	Z	66.82	BS	c
<b>VIMULE</b> (Lamberts (Dalston)) cervical cap	030-9005	6 72	L			c
<b>ZAPAIN</b> (Goldshield Pharms) caplets	100	273-4705	4 00	S	POM	r
capsules	100	273-4697	4 00	S	POM	r

Cumulative Amendments

<b>ALBERTO</b> (Alberto-Culver) VO5 hairsprays VO5 Advanced perfect lengths high gloss	250ml	277-7076		S	3 15	a
<b>ALLENS</b> (Allens & Co) cough lozenges extra strong original menthol & blackcurrant lozenges	stick	325-6880	7 95(24)	S	0 53	*
	stick	217-2906	7 95(24)	S	0 53	a
		265-1628	7 95(24)	S	0 53	a
<b>ARTHEIDZ</b> (Kent G B, & Sons) hairbrushes travel size		325-4844	3 39	S	5 95	*
<b>AVOCA</b> (Bray Group) caustic applicators 75% 75% thick handle 75% vet 95% caustic pencils 40% 95% vet wart & verruca vet	82 90 453 83	045-0874 289-6728 312-1993 011-5105	0 36 0 68 0 12 0 40	S S P P		c
	75	006-2877	0 93	S		c
	81	312-2009	1 48	S	P	c
	680	245-5095	1 94	S	P	a
<b>BAXANA BOAT</b> (Playtex Products) baby sunscreen spl 50 baby tear free lotion spl 40 vitamin E gel	236ml 236ml 453g	313-6199 325-4422 206-2792		S S S	11 99 11 99 5 99	d * d
<b>BARKAT</b> (Gluten Free Foods) gluten-free products bread rolls par-baked	300g	325-4679	13 44(6)	Z	2 99	*
<b>BEECHAM'S VENO'S</b> (GlaxoSmithKline Consumer) cough mixture dry coughs expectorant	100ml 100ml 160ml	040-9862 010-2632 013-4858	11 67(6) 11 67(6) 15 57(6)	S S S	2 99 GSL 2 99 GSL 3 99 GSL	c c c
<b>BEL BEAUTY</b> (Paul Hartmann) buds	200	013-4361	0 40	S	0 69	a
<b>BEL COSMETIC</b> (Paul Hartmann) 100% cotton balls 100% cotton pleat cotton pads + microfibre small round pads oval maxi round cotton travel pack	70 80g 75 45 70 35	321-0853 321-0838 321-0861 290-5891 290-5016 314-9101	0 70 0 60 0 50 0 55 0 38 0 29	S S S S S S	1 25 1 15 0 89 0 89 0 69 0 49	a a a d d d
<b>BEL FAMILY</b> (Paul Hartmann) halls	70g	013-5624	0 62	S	1 15	d
<b>BEL NATURE</b> (Paul Hartmann) halls pleats	70g 100g 200g	013-6069 013-5970 013-6044	0 62 0 50 0 90	S S S	1 15 0 95 1 69	d d d
<b>BEL PREMIUM</b> (Paul Hartmann) cotton balls with aloe vera & provitamin B5 cotton buds	70 200 300	321-1026 321-1018 321-1000	0 75 0 45 0 80	S S S	1 30 0 79 1 35	a a a
cotton pads with aloe vera & provitamin B5 large oval small round pads exfoliating granules & aloe vera & provitamin B5 cotton pleats cotton pads nail polish remover pads	45 75 30 120g 50	321-0895 321-0879 321-0911 321-1034 321-0952	0 70 0 60 1 00 0 75 0 75	S S S S S	1 25 1 15 1 75 1 30 1 30	a a a c c
<b>BENYLIN</b> (Pfizer Consumer Healthcare) childrens chesty cough sachets sore throat lozenges honey & lemon 280-2627, redcurrant 280-2593	5ml x 10 24	310-3009	11 93(6) 8 67(6)	S S	3 29 GSLSL 2 39 GSL	d d
<b>BENYLIN 4-FLU</b> (Pfizer Consumer Healthcare) liquid tablets	200ml 24	206-9847 206-9813	36 16(12) 33 47(12)	S S	4 85 P 4 49 P	c c
<b>BIOCARD</b> (Adastra Medical) (distributors Cedar Health) celiac test		322-4151	11 91	S	19 99	c
<b>BOITYEC</b> (The Alliance Group) noni juice pomegranate juice	1ltr 400ml	325-5585 325-5593	9 12 6 63	S S	15 99 11 99	*
<b>BOURJOIS</b> (Bourjois) lipgloss effect 3D high shine mini beige elastic 325-5692, rose embellish 325-5734, rose idyllic 325-5700, rose symphonie 325-5726				S	3 50	*
<b>BRAUN</b> (Braun) (distributors Maschio)						

		PIP code	Trade	VAT	Retail	
ear thermometers Thermoscan	IRT3020CO	325-1113		S	24 99	c
<b>BUPRENORPHINE</b> (see Suboxone)						
<b>CALPOL</b> (Pfizer Consumer Healthcare) infant suspension 120mg/5ml	200ml	322-2536	32 34(12)	S	4 59 PPSI	c
<b>CANDEREL</b> (Petty, Wood) sweetener tablets	80	260-3785	9 36(12)	Z	0 99	c
<b>CANESTEN COMBI</b> (Bayer Consumer) (distributors Ceuta Healthcare) pessary/cream 500mg/2%	10g	304-7719	56 96(10)	S	9 99 GSL	c
<b>CAREFREE</b> (Johnson & Johnson) panty liners maxi scented		291-4364	16 22(10)	L	1 96	c
<b>CASLAN 90</b> (Heinz) Effective December 01 instant milk protein	250g	004-0378	35 40(6)	Z	7 49 BS	a
<b>CETYL PYRIDINIUM CHLORIDE</b> (see Halita - Perio and)						
<b>CHAMPIX</b> (Pfizer) (varenicline) tablets film coated 0.5mg continuation pack 1mg initiation pack 0.5mg/1mg						
	56	325-2723	54 60	S	POM	*
	28	325-2731	27 30	S	POM	*
	11/14	325-2749	27 30	S	POM	*
<b>CHLORHEXIDINE</b> (see Halita - Perio and)						
<b>COMBIBESIVE NATURA</b> (Convatec) Effective December 01 stomaheasive flanges flexible hydrocollond collar S720 series two-piece closed pouches with integral filter midi - opaque S729 series	301-3364	32 54(10)	S			a
	301-3422	22 19(20)	S			a
<b>Little Ones</b> closed pouch 32mm opaque 45mm opaque drainable pouch 32mm clear 45mm clear flexible flanges 32mm 45mm urostomy pouch 32mm clear	S7891 S7892 S7880 S7881 S7811 S7812 S7850	284-7200 284-7226 284-7184 284-7192 284-7150 284-7168 284-7176	20 91(20) 20 91(20) 12 25(10) 12 25(10) 15 59(5) 15 59(5) 26 70(10)	S S S S S S S		a a a a a a a
<b>COMPLAN</b> (Complan Foods) Effective January 01 flavoured sachets	4 x 60g 4 x 57g 450g	281-0869 045-4413 005-5509	14 86(6) 14 86(6) 46 63(12)	Z Z Z	2 99 SL 2 99 SL 4 49 SL	a a a
original flavour						
<b>CONFIDENT</b> (Wockhardt) denture cleansing bath		325-2442	4 08(6)	S	1 59	*
<b>COVERSYL</b> (Servier Labs) Effective December 01 tablets 2mg 4mg 8mg	30 30 30	012-9577 012-9866 291-1388	11 36 11 36 11 36	S S S	POM POM POM	a a a
<b>COVERSYL PLUS</b> (Servier Labs) Effective December 01 tablets	30	285-2952	14 49	S	POM	a
<b>CREDALAST</b> (Credenhill) climate effect ankle support small 325-4000, medium 325-4018, large 325-4026, ex large 325-4042 knee support med-ou large 325-4067, large-ex large 325-4075 wrist support one size			3 95 3 95	S S	6 95 6 95	*
		325-4109	2 86	S	4 48	*
<b>CUTISOFT</b> (BSN Medical) swabs non woven 10cm x 10cm 4ply	100	325-4968	0 73	S		*
<b>DERMAPLAST</b> (Paul Hartmann) plasters elastic fabric for children sensitive skin water & dirt resistant	20 20 20 20	302-9253 302-9261 302-9246 302-9238	0 37 0 37 0 33 0 32	S S S S	0 72 0 69 0 64 0 65	d d d d
<b>DETTOL</b> (Reckitt Benckiser Household) anti-bacterial cleanser trigger	4ltr 500ml	048-6597 031-1449	33 42(3) 7 78(6)	S S	17 45 GSL 2 03 SL	r c
	500ml	260-3878	14 68(12)	S	1 92	c
anti-bacterial hand wash anti-bacterial wipes refill	250ml	317-5668	8 13(6)	S	1 99	c
	56	289-4939	16 61(12)	S	2 17	a
<b>DIAMICRON</b> (Servier Labs) Effective December 01 tablets	60	045-6525	4 56	S	POM	c
<b>DRELEWIN'S PRIVATE FORMULA</b> (Ken Lamcraft Marketing) cosmetic lift pack		322-1868	26 60	S	50 00	*
facial moisturising lotion spl30+ facial polishing gel gentle facial cleanser	50g 150g 50ml	322-1835 322-1876 322-1884	15 96 13 30 7 98	S S S	30 00 25 00 15 00	*
instant beauty radiance booster	50g	322-1843	13 30	S	25 00	*
line smoothing complex double intensity eye cream hydrator serum	30g 15g 30ml 30ml	322-1660 322-1769 322-1710 322-1751	26 60 21 28 21 28 21 28	S S S S	50 00 40 00 40 00 40 00	*
refining toner skin renewal tone-up body moisturiser	50ml 50g 200g	322-1900 322-1850 322-1892	7 98 18 62 13 30	S S S	15 00 35 00 25 00	*
ultra r4 eye cream ultra r4 masque ultra r4 rejuvenation	50g 100g	322-1801 322-1819	21 28 21 28	S S	40 00 40 00	*
ultra r4 restorative cream	30g	322-1827	23 94	S	45 00	*
<b>DUODERM</b> (Convatec) Effective December 01 extra thin dressing 5cm x 10cm	50g	322-1785	23 94	S	45 00	*
<b>EASYHALER (FOMOTEROL)</b> (Ranbaxy) (formoterol fumarate)	S163	027-8150	6 80(10)	S		a



PIP code							Trade		VAT		Retail	
inhalation powder 12mcg	120 dose	325-0883	24.80	S	POM	*	3	1.21	S	1.89	c	
ELEGANT TOUCH (Original Additions) Effective November 17							wide neck silicone variflow 267-9694	twin	1.46	S	2.29	c
NAILS							toddlers sports bottle	267-9629	0.76	S	1.19	c
designer toe nails							trainer cup	232-1123	0.76	S	1.19	c
french sparkle 325-4653							wearing spoons	5 285-0352	1.27	S	1.99	c
EMCUR (Emcur)							GYNO-PEVARYL (Janssen-Cilag)					
nasal douche							combpack	030-0517	4.05	S	POM	d
with applicator							HIALITA (Dent O'Care)					
nasal irrigating salt							(chlorhexidine digluconate 0.05%, cetylpyridium chloride 0.05%, zinc lactate 0.14%)					
nasal spray							fresh breath spray					
ENBRELE (Wyeth Pharms)							HARPIC (Reckitt Benckiser Household)					
injection							active cleaning gel					
paediatric							peach 325-4083					
25mg							INDIA TREE (NeemCo)					
pre-filled syringe							insect repellent					
50mg							neem herbal extracts					
ERDOSTEINE (see Erdotin )							50ml 325-4604					
ERDOTIN (koGEN)							100ml 325-4596					
(erdosteine 300mg)							Riddance					
capsules							herbal head lice repellent shampoo					
blister pack							100ml 325-4588					
ERYTHROCIN (Amdipharm)							ISMO 40 (Roche Prods)					
Filmatabs							(isosorbide-5-mononitrate 40mg)					
250mg							tablets					
ERYTHROCIN 500 (Amdipharm)							60 235-7648					
tablets							JOBST MEDICALWEAR (BSN Medical)					
ERYTHROCIN IV (Amdipharm)							Class I					
injection							armsleeve with knitted band					
1g							small 325-7011, medium 325-7037, large 325-7029					
ERYTHROPEL (Amdipharm)							armsleeve with silicone band					
granules for suspension							small 325-6955, medium 325-6971, large 325-6963					
Forte sugar-free							gantilet r/t/w					
500mg/5ml							small 325-6823, medium 325-6831, large 325-6922					
PI sugar-free							Class II					
125mg/5ml							armsleeve with knitted band					
sugar-free							small 325-6989, medium 325-7003, large 325-6997					
250mg/5ml							armsleeve with silicone band					
ERYTHROPEL A (Amdipharm)							small 325-6898, medium 325-6914, large 325-6906					
tablets							gantilet r/t/w					
calendar pack							small 325-6773, medium 325-6781, large 325-6799					
500mg							LATSTOCK (Bray Group)					
ESTEEM (Convatec)							auto-syphon set					
Effective December 01							L279 019-1908					
one-piece drainable							beer float					
urostomy pouch with fold-up flap							L112 019-1163					
small							bucket clips					
standard							L119 019-1171					
standard transparent							easy-flo elbow 2					
S513 series							L141 294-0161					
S513 series							syphon tube 14"					
S513 series							L275 019-1262					
S513 series							syphon tube 18"					
S513 series							L276 294-0153					
S513 series							syphon tube 28"					
S513 series							L277 019-1718					
S513 series							uni-syphon set					
S513 series							L278 019-1775					
S513 series							winecork holders					
S513 series							L304 019-2005					
S513 series							LOPRIC PRIMO (Astra Tech)					
S513 series							catheters					
S513 series							single use nelaton					
S513 series							paediatric					
S513 series							20cm					
S513 series							6ch 9620600 325-4976					
S513 series							LOPROFIN (SHS)					
S513 series							P.K.U. drink					
S513 series							200ml					
S513 series							043-0827					
S513 series							15.12(27) Z					
S513 series							.. BS					
S513 series							a					
S513 series							MATES (Mates Healthcare)					
S513 series							contraceptive sheaths					
S513 series							sheer pleasure					
S513 series							3 320-2264					
S513 series							12 320-2272					
S513 series							14.70(12) L					
S513 series							2.64					
S513 series							d					
S513 series							c					
S513 series							MEDISOL UNDER 6 (SSL International)					
S513 series							suspension					
S513 series							sugar-free					
S513 series							70ml					
S513 series							200-1428					
S513 series							11.95(12) S					
S513 series							1.75 P/SL					
S513 series							d					
S513 series							MEDISENSE (Abbott Diabetes Care)					
S513 series							G2					
S513 series							blood glucose test strips					
S513 series							sensor electrodes					
S513 series							50					
S513 series							208-7492					
S513 series							13.15					
S513 series							S					
S513 series							23.18					
S513 series							r					
S513 series							Optinum Plus					
S513 series							blood glucose test strips					
S513 series							50					
S513 series							287-9922					
S513 series							13.97					
S513 series							S					
S513 series							24.63					
S513 series							r					
S513 series							Soft-Sense					
S513 series							blood glucose test strips					
S513 series							50					
S513 series							282-9117					
S513 series							13.96					
S513 series							S					
S513 series							24.60					
S513 series							r					
S513 series							MEPROFILM (Molnlycke Health Care)					
S513 series							adhesive film dressing					
S513 series							6 x 7cm					
S513 series							254-8725					
S513 series							4.10(10) S					
S513 series							0.74					
S513 series							c					
S513 series							10 x 12cm					
S513 series							254-8733					
S513 series							5.50(5) S					
S513 series							1.99					
S513 series							c					
S513 series							10 x 25cm					
S513 series							254-8741					
S513 series							10.75(5) S					
S513 series							3.88					
S513 series							c					
S513 series							15 x 20cm					
S513 series							254-8758					
S513 series							27.20(10) S					
S513 series							4.93					
S513 series							c					
S513 series							MONOGEN (SHS)					
S513 series							special diet food					
S513 series							400g					
S513 series							264-3971					
S513 series							59.00(4) Z					
S513 series							... BS					
S513 series							c					
S513 series							NAD'S (Ken Lamcraft Marketing)					
S513 series							for men					
S513 series							depilaze soothing body balm					
S513 series							325-4729					
S513 series							4.74					
S513 series							S					
S513 series							7.95					
S513 series							c					
S513 series							hair removal cream					
S513 series							325-4711					
S513 series							4.14					
S513 series							S					
S513 series							6.95					
S513 series							c					
S513 series							ingrow solution					
S513 series							125ml					
S513 series							325-4752					
S513 series							5.33					
S513 series							S					
S513 series							8.95					
S513 series							c					
S513 series							x-fol follicle release scrub					
S513 series							325-4737					
S513 series							4.74					
S513 series							S					
S513 series							7.95					
S513 series							c					
S513 series							NALOXONE (see Suboxone )					
S513 series							NATRACARE (Body Wise UK)					
S513 series							organic cotton					
S513 series							panty liners					
S513 series							22					
S513 series							325-5387					
S513 series							21.20(16) L					
S513 series							1.99					
S513 series							c					
S513 series							NERISSA (Bray Group)					
S513 series							powder puffs					
S513 series							419					
S513 series							044-5049					
S513 series							0.72					
S513 series							S					
S513 series							...					
S513 series							d					
S513 series							NIPENT (EuroGen Pharms)					
S513 series							vial					
S513 series							10mg					
S513 series							099-0093					
S513 series							863.78					
S513 series							S					
S513 series							.. POMHP					
S513 series							c					
S513 series							NIVEA (Beiersdorf)					
S513 series							lipcare					
S513 series							10ml					
S513 series							22.08(12) S					
S513 series							3.19 SL					
S513 series							i					
S513 series							c					
S513 series							gloss & shine					
S513 series							red 325-5650					
S513 series							NIX (Bray Group)					
S513 series							styptic pencil					
S513 series							548					
S513 series							018-6650					
S513 series							0.92					
S513 series							S					
S513 series							...					
S513 series							c					
S513 series							NUTRICIA COW & GATE (Nutricia)					
S513 series							Babymilks eaZypack					
S513 series							Comfort first					
S513 series							900g					
S513 series							310-5756					
S513 series							...					
S513 series							Z					
S513 series							7.75 SL					
S513 series							c					
S513 series							Comfort follow-on					
S513 series							900g					
S513 series							310-5764					
S513 series							...					
S513 series							Z					
S513 series							7.75 SL					
S513 series							c					
S513 series							organic second milk					
S513 series							900g					
S513 series							310-5780					
S513 series							...					
S513 series							Z					
S513 series							6.99 SL					
S513 series							d					
S513 series							Babymilks pre-biotic					
S513 series							Plus					
S513 series							900g					
S513 series							302-3009					
S513 series							...					
S513 series							Z					
S513 series							6.49 SL					
S513 series							d					
S513 series							Premium					
S513 series							refill					
S513 series							450g					
S513 series							302-3041					
S513 series							...					
S513 series							Z					
S513 series							3.69 SL					
S513 series							d					
S513 series							concentrated pure juice					
S513 series							175ml					
S513 series							12.07(12) S					
S513 series							1.41					
S513 series							d					
S513 series							apple & pear 053-5567					
S513 series							organic range					
S513 series							Fruitapura desserts					
S513 series							4 x 100g					
S513 series							8.55(6) Z					
S513 series							1.49					
S513 series							d					
S513 series							apple 315-0265					
S513 series							packet foods					
S513 series							100g					
S513 series							7.98(6) Z					
S513 series							1.59					
S513 series							c					
S513 series							organic choice					
S513 series							apple & banana museli 281-5637, creamed porridge 281-5645,					
S513 series							garden vegetables 281-5678, oat & apple cereal 281-5652,					
S513 series							d					
S513 series							c					
S513 series							granov & banana burst 288-9780, vegetable risotto 281-5660					
S513 series							d					

PIP code						Trade	VAT	Retail	PIP code						Trade	VAT	Retail										
OCUVITE LUTEIN (Bausch & Lomb Pharms)																											
vitamin & mineral supplement									grey mouse small																		
capsules									30	324-8788	4.60	S	7.49	large													
tablets									60	325-5577	5.66	S	9.90	mouse shape													
OLIVE (Bray Group)																											
baby pins 4									P355	034-1750	3.00	S	...	mouse with rope													
baby scissors									P91212	016-8864	8.15(12)	S	...	jumbo													
baby soothers									P753	015-2199	5.16(24)	S	...	scissors													
brushes									hairdressing									P81223	095-7217	11.60(6)	S	...					
baby bottle									54	022-4311	0.57	S	...	toenail													
clippers									P1228									033-9374	7.99(6)	S	...						
toenail									P3706/S	048-5284	0.62	S	...	P1229									316-3698	8.50(6)	S	...	
combs									scrunchies									P95519	019-9448	2.30(6)	S	...					
afro woodgrain									P2832	025-7352	2.99(12)	S	...	satin black													
dressing									P2825	034-6411	2.70(12)	S	...	P95573									052-5006	2.20(6)	S	...	
dust assorted									P2840	247-6919	2.59(12)	S	...	velvet assorted													
dust black									P2826	036-1949	2.59(12)	S	...	P95478									312-8717	2.19(6)	S	...	
88									313-2123	4.61(20)	S	...	P90150									089-4196	5.33(12)	S	...		
dust white									87	022-4394	4.61(20)	S	...	standard													
pocket									P2846	014-2521	3.21(24)	S	...	30									037-1609	0.40	S	...	
side									P92821	046-6060	2.55(12)	S	...	P1071									247-7701	3.77(12)	S	...	
side assorted									P2829	036-7797	3.19(24)	S	...	P3775									312-8485	4.00(6)	S	...	
side black 2									P2822	002-2046	3.19(24)	S	...	588									048-6811	0.44	S	...	
side crystal clear									P2751	036-2673	2.75(24)	S	...	590									004-3745	2.51(12)	S	...	
side shell									P5970	013-6309	3.40(24)	S	...	P94002									033-6826	28.00(6)	S	...	
tail									P5976	015-3072	2.76(12)	S	...	P94630									033-5521	6.00	S	...	
tangle									P5975	035-4936	3.75(24)	S	...	P1411									030-7256	3.37(12)	S	...	
cotton swabs									P5971	013-6325	2.70(24)	S	...	P1414									001-1130	4.50(12)	S	...	
40									P2828	023-6851	2.87(12)	S	...	P1426									204-7298	4.25(8)	S	...	
curl slides									P259	312-8543	3.55(12)	S	...	P91418									325-5288	8.00(12)	S	...	
beards									P95311	313-2230	4.40(12)	S	...	P1418									086-0759	7.55(12)	S	...	
cuticle trimmers									P3745	033-7022	3.90(12)	S	...	OMRON (Omron Healthcare UK)													
drinking straws									nebulisers									an tubing for omron nebuliser									
40									P368	269-5997	1.54(4)	S	...	C28 C29									325-6807	3.51	S	4.85	
emery boards									filters for C28 C29									5	325-6815	2.13	S	2.94					
10cm									P303	036-2343	3.62(24)	S	...	VVT nebuliser kit C28 C29									325-6765	2.86	S	3.95	
12cm x 5"									P308	083-9001	3.95(24)	S	...	OPAL LONDON (Opal Crafts)													
7cm x 3"									P304	036-1741	2.89(24)	S	...	bath pillow									1168	1.70	S	3.99	
assorted									P304/A	313-2289	3.70(24)	S	...	dark pink 325-6211, purple 325-6229													
P306 professional									15cm	034-1008	2.77(12)	S	...	towelings									1171	2.97	S	6.99	
eyeshadow applicators									P1066	247-6927	3.30(12)	S	...	light blue 325-6195, light green 325-6203, pink 317-5007													
face cloth									249	018-7385	3.49(6)	S	...	bath toys													
feeder teats									P751	264-0662	2.00(12)	S	...	animal grip it									1475	325-5668	1.27	S	2.99
latex wide mouth bottle									P1360	247-6976	3.90(12)	S	...	ducks									1363	2.12	S	4.99	
finger nails artificial									334/D	264-0670	0.99	S	...	darling 325-5676, diamante 325-5684, pink 325-5718													
folding nail pliers									P0385	247-7545	0.54	S	...	body brush													
foot file									P384/B	312-8667	0.56	S	...	Japanese													
toot rasp									P342	312-8675	6.33(24)	S	...	small round									1310	325-5981	1.27	S	2.99
hair grips									P340C/BK	080-7297	5.25(24)	S	...	body mop									1219	0.64	S	1.50	
assorted									340C/BL	078-3365	6.46(24)	S	...	light blue 325-6047, light green 325-6054, light pink 325-6062													
black									P340C/BR	080-7289	5.30(24)	S	...	exfoliating synthetic													
blonde									P340C/WH	028-9439	6.48(24)	S	...	gloves									1220	1.70	S	3.99	
brown									P9324	325-5247	3.03(12)	S	...	light blue 325-5999, light green 325-6013													
white									117	031-4625	0.48(4)	S	...	eye relaxer mask									1135	1.91	S	4.50	
hair nets									P330/L	312-8709	2.92(6)	S	...	light blue 325-5908													
bar removing mitt									P330/M	312-8691	2.75(6)	S	...	bar band													
hair rollers									P330/S	312-8683	2.55(6)	S	...	cosmetic spa waffle									1071	325-6146	0.85	S	1.99
large									P320	036-7854	11.58	S	...	loofah mitt									1052	1.70	S	3.99	
medium									P321	036-7862	6.14(36)	S	...	light blue 325-5858, light green 325-5866, light pink 325-5874													
small									P324	204-7322	6.40(36)	S	...	lootah pads													
hair/slumber nets									pack of 3									1025	220-5441	0.85	S	1.99					
P321									massage									eyezone									
P324									facial magic wand									1096	325-5775	6.38	S	15.00					
hairbrushes									P1014	247-7040	4.20(6)	S	...	lymphatic brush									1097	325-5767	6.38	S	15.00
5 row									P1011	030-7157	4.46(6)	S	...	muscle									1089	325-5791	2.77	S	6.50
7-row									P1012	052-6582	4.56(6)	S	...	pink pampers pack									1093	325-5783	2.77	S	6.50
vent 7-row									relaxology									4099	325-5759	7.23	S	16.99					
hairpins									body kit									tone & polish pack									
wavy									P3406	264-0696	3.95(12)	S	...	waffle cotton									4073	325-6237	4.25	S	9.99
hard skin stone									P9527	264-0704	0.90	S	...	sisal body brush									4102	325-6245	7.23	S	16.99
hoof stick									P93746	247-7099	1.99	S	...	rubber handle									1085	325-5841	2.55	S	5.99
leg wax spatulae									480	031-5960	0.90(100)	S	...	sisal nail brush									1011	220-5607	0.60	S	1.50
make-up wedge									sisal sponge									1079	220-5409	1.49	S	3.50					
latex sponge									P1069	247-6935	2.24(6)	S	...	sleep mask													
make-up/shampoo cape									256/W	017-4045	1.57	S	...	silk									1140	1.27	S	2.99	
manicure sticks									360/4	247-7222	3.00(100)	S	...	dark pink 325-5932, gold 325-5916													
10cm/4"									231	015-0557	4.19(10)	S	...	staywarm cherrytone pillow									1392	325-5882	5.53	S	12.99
mirror									P0118	247-7354	1.05	S	...	neck									1393	325-5890	5.53	S	12.99
mirrors									P0116	247-7339	0.82	S	...	travel/sleepover toothbrush set									1115	1.70	S	3.99	
make-up									P0111	048-4907	1.89	S	...	dark blue 325-6120, light green 325-6112													
shaving									P1164	247-7487	6.39(12)	S	...	OTOSAN (Malozza Distribution)													
nail buffer									P3722	046-5856	4.00(12)	S	...	natural ear drops									10ml	309-2376	53.55(12)	S	7.49
nail clippers									P2914	036-7748	6.92(24)	S	...	PANCREASE (Janssen-Cilag)													
nail files									P1151	325-5262	4.92(12)	S	...	(pancreatin)													
P1152									capsules									100	022-7082	15.88	S	P					
nail stone									332	031-3437	0.50	S	...	PERIO-AID (Dent O Care)													
in wallet									328	312-8253	0.28	S	...	(chlorhexidine gluconate 0.12%, cetylpyridinium chloride 0.05%)													
pencils									P162	...	4.50(12)	S	...	antiseptic mouthwash									500ml	325-4760	34.20(12)	S	4.95 GSL
eyebrow									P201	036-2566	5.69(12)	S	...	PKI-COOLER 10 (VitaFlo)													
assorted 036-2558, black 313-5316, brown 315-5496									dietary supplement									ready to drink									
nail white									P9991	036-1873	5.07(24)	S	...	orange 325-6930, purple 325-6948									30 x 87ml	102.00	Z	153.00	
plasters									P9993	036-1899	5.74(50)	S	...	PORTIA (Bray Group)													
fabric 10									P9992	036-1881	5.07(24)	S	...	7 day pill organiser													
fabric strip									P9994	036-1907	5.64(50)	S	...	large													
waterproof 10									medium									CM011	275-7011	0.77	S	...					
waterproof strip									applicator sticks									CM010	275-7003	0.57	S	...					
pliers									plastic									CM051	294-0179	2.77(144)	S	...					
cuticle									P3726	033-7881	14.99(6)	S	...	wood									CM050	294-0187	1.02(144)	S	...
ponytail elastics									P93914	046-6375	2.88(12)	S	...	apron									14	017-3724	5.12(864)	S	...
assorted 4									P95562	048-7009	2.80(12)	S	...	pvc adult									CM015	313-2420	1.18	S	...
assorted 6									P95561	048-6993	3.12(12)	S	...	arm sling									CM016	045-0866	1.71	S	...
black 2									P5551	019-5263	3.90(24)	S	...	bandage									CM023	312-2397	0.36	S	...
golden 6									P3144	052-7044	4.99(144)	S	...	bandage clips													
ponytail rings									P5500	083-0265	2.15(24)	S	...	10									CM026	035-0710	0.69	S	...
P3157									313-2347	2.50(12)	S	...	blackbead remover									CM035	312-2363	0.60	S	...	
P5121									313-2354	1.99(12)	S	...	breast relievers														
powder puff									P1045	247-7644	2.60(12)	S	...	glass 120ml									43	044-3846	5.89	S	...
421/D									019-0215	0.67	S	...	glass 60ml									45	020-1400	4.71	S	...	
velour									422/D	025-5232	0.51(12)	S	...	polycarbonate 120ml									47	044-3838	5.02	S	...
pumice									410	312-8725	0.67	S	...	polycarbonate 60ml									46	044-3812	3.07	S	...
block large									426/C	014-1960	0.83	S	...	breast shield									49	264-0712	3.85	S	...
block shape									426	014-1945	0.54	S	...	brushes													
cello block									428	313-2362	0.44	S	...	nail plastic									CM069	312-2918	0.42	S	...
grey mouse assorted									427	312-8741	0.44	S	...														



PIP code Trade VAT Retail					PIP code Trade VAT Retail						
nail pumice	CM342	312-2926	1.15	S	a	child UVA lamp	222/C	029-0288	2.20	S	a
nail wood	CM068	312-2900	0.49	S	a	protective	CM415	029-0387	1.28	S	a
chiropody stone	CM527	312-2876	1.02	S	a	goggles					
chiropody wool					a	tanning	CM228	045-1260	0.56	S	a
100gm	11	036-2160	2.61	S	a	grooming kit	CM344	312-5812	1.60	S	d
10g	CM009	031-1886	0.47	S	a	hoof sticks					
1kg	12	031-2017	19.98	S	a	plastic	CM232	312-2223	0.46(2)	S	a
25g	10	022-4220	0.85	S	a	rubber	CM231	312-2231	0.33	S	a
combs					a	inhalers - nelson					
dust assorted	CM089	016-9722	0.41	S	a	china complete	233/M	313-3659	20.40	S	d
dust white	CM089/W	312-2017	0.40	S	a	spare cork	236	312-5820	1.32	S	a
pocket silver	CM091	312-2025	0.28	S	d	spare glass mouthpiece	235	033-0191	1.12	S	a
corn plane	CM1402	312-2967	1.15	S	a	spare mouthpiece					
corn plane blades	CM1404	312-2975	0.87	S	a	with cork	234	032-8948	1.98	S	a
corn/callosus file	CM093	312-2991	0.86	S	a	jar opener	CM400	313-3667	0.61	S	a
cotton tipped swabs	CM259	312-5150	0.35	S	a	justo wrist support	CM663	043-9547	2.05	S	a
	CM563	014-9906	1.26	S	d	leg wax spatula	CM480	312-5838	0.28(10)	S	a
cuticle plier	CM253	312-5168	2.56	S	a	lookabs					
cuticle scissors	CM263	312-5176	0.77	S	a	back strap	CM243	312-2181	2.20	S	d
cuticle trimmer	CM257	312-5184	0.33	S	a	flat	CM241	014-8585	0.75	S	d
dornel infant mini feeder	176	007-7271	1.12	S	d	nut	CM242	312-2173	0.60	S	d
dornel teats	583	007-7289	0.45	S	d	pad	CM244	312-2199	0.36	S	d
douche					a	make-up wedge	CM258	312-2207	0.49	S	a
fittings	122	003-7606	1.02	S	a	make-up/shampoo cape	CM256	312-2215	1.54	S	a
set	121	003-7580	5.12	S	a	manicure stick					
spare container 1ltr	120	047-0252	2.55	S	a	10cm	CM363	006-3123	0.32(5)	S	r
spare rectal pipe	436	313-2438	0.46	S	a	masks					
stopcock tap	123	313-2446	0.31	S	a	dust	CM142	289-7114	0.81(4)	S	a
tube	125	028-7219	1.54	S	a	measures - dispensing					
drinking straws					a	stamped					
40	CM137	313-2453	0.43	S	a	100ml	267/100	017-6628	14.56	S	a
dropper bottles					a	10ml	270/100	017-6701	14.76	S	a
10ml	40	028-6989	12.20(25)	S	a	250ml	267/10	017-6552	11.79	S	a
10ml round	39	325-5221	9.90(25)	S	a	25ml	270/10	017-6560	11.48	S	a
20ml	41	028-7136	13.84(25)	S	a	50ml	267/250	017-6719	18.45	S	a
20ml round	42	325-5239	11.55(25)	S	a	5ml	270/250	017-6727	19.48	S	a
droppers					a	500ml	267/25	017-6594	11.69	S	a
calibrated 3ml	CM007	275-6971	0.58	S	a	500ml	270/25	289-7106	12.81	S	a
calibrated 5ml	CM005	275-6989	0.58	S	a	50ml	267/500	017-6750	22.55	S	a
eye/ear/nose glass	CM133	045-1500	0.29	S	a	50ml	270/500	017-6925	24.60	S	a
	CM134	008-4707	0.28	S	d	50ml	267/50	017-6602	12.45	S	a
glass straight medicine 1ml	CM132	008-6900	0.30	S	a	5ml	270/50	017-6610	13.23	S	a
ear plugs					a	5ml	267/5	017-6529	10.25	S	a
soft foam	CM143	028-8472	0.78(4)	S	a	stamped cup					
ear syringe					r	1000ml	267/1000	017-6990	33.83	S	a
adult	CM570	312-2082	1.73	S	a	500ml	268/500	313-3717	22.55	S	a
baby	CM036	312-2074	2.15	S	a	unstamped	271/500	313-3725	24.60	S	a
emery boards					a	1000ml	266/1000	017-6503	25.63	S	a
10.5cm	CM145	004-6169	0.24	S	a	100ml	266/100	017-5588	10.76	S	a
15cm	CM146	312-2090	0.29	S	a	10ml	269/100	017-6008	11.79	S	a
enema syringe					a	250ml	266/10	017-4110	8.41	S	a
spare rectal pipe	437	031-2041	0.46	S	a	250ml	269/10	017-4128	9.43	S	a
spare vaginal pipe	648	313-2479	4.51(10)	S	a	250ml	266/250	017-6081	14.50	S	a
enema syringes					a	250ml	269/250	017-6271	16.40	S	a
complete	150	010-4109	5.38	S	a	25ml	266/25	017-4151	9.43	S	a
eye bath	CM155	028-8878	0.34	S	a	500ml	266/500	017-6289	21.01	S	a
assorted	156	002-2806	1.59(12)	S	a	50ml	269/500	017-6495	21.53	S	a
eye shades					a	50ml	266/50	017-4193	10.25	S	a
anti-glare	CM165	037-0940	1.57	S	a	5ml	269/50	017-5562	11.28	S	a
eye shields					r	5ml	266/5	017-4094	7.69	S	a
plastic	CM167	037-0890	0.29	S	r	medical alert jewellery					
sateen	CM174	037-0908	0.67	S	r	bracelets			4.15	S	d
	171	037-0916	1.02	S	r	anticoagulant 294-0237, asthma 294-0245, bee sting 294-0252,					d
	172	026-5488	0.67	S	r	blank 294-0260, blood pressure 294-0278, diabetic 294-0286,					d
	173	037-0924	0.62	S	a	drug allergy 294-0294, epilepsy 294-0302, heart patient 294-0310,					d
	175	011-5386	0.67	S	a	penicillin 294-0328, see wallet 294-0336					d
eye-brow pencils					a	necklaces			4.15	S	d
eye-lash curlers	CM164	312-5218	1.02	S	a	anticoagulant 294-0344, asthma 294-0351, bee sting 294-0369,					d
eye-shadow applicators					a	blank 294-0377, blood pressure 294-0385, diabetic 294-0393,					d
5	CM178	312-5226	0.38	S	a	drug allergy 294-0401, epilepsy 294-0419, heart patient 294-0427,					d
face cloth	CM249	313-2495	0.70	S	a	penicillin 294-0435, see wallet 294-0443					d
feeding cups					a	medicine spoon					
china teapot shape	190	042-9290	10.73	S	a	5ml	CM281	286-5996	3.08(250)	S	a
poly teapot shape	CM191	313-2503	1.37	S	a	double ended	CM003	275-6963	0.44	S	d
polypropylene	CM192	047-0260	2.10	S	a	double ended 2.5ml	CM002	312-5291	0.27	S	d
fingercots	CM197	046-9403	0.30(10)	S	a	medicine spoon 10ml	CM001	275-6955	0.43	S	d
	195		22.55(1440)	S	i	medicine tumblers					
small 028-9074, medium 312-2157, large 312-2165					i	50ml	CM276	017-4052	0.62	S	a
cotton blue	CM200	312-5097	1.64(5)	S	a	polypropylene 60ml	CM274	031-3007	0.26	S	a
cotton white	CM194	288-2298	1.49(5)	S	a	mesh sponge	CM495	313-3741	0.56	S	a
fingernails					a	mirror - compact	CM412	313-3758	0.98	S	a
20 artificial	CM213	312-5705	0.34	S	a	mortar & pestle					
fingernails					a	10cm	319/0	033-0316	5.74	S	a
blue plastic					a	12.5cm	319/2	033-0449	7.48	S	a
simple tie	207	028-9710	1.25(10)	S	a	15cm	319/3	031-3163	10.76	S	a
wristband easifix	208	017-1686	3.49(12)	S	a	7.5cm	319/0000	264-0738	5.33	S	a
Easifix leather	CM204		0.80	S	a	nail buffer	CM333	031-4674	0.57	S	a
assorted sizes 075-0208					d	nail clipper - finger	CM327	312-5309	0.37	S	a
Easifix natural	211		3.07(12)	S	d	nail file					
small 325-5486, medium 325-5494, large 325-5510, ex large 325-5528,					i	sapphire	CM325	312-5325	0.40	S	a
thumb standard 325-5536, thumb large 325-5544,					i	stainless steel	CM324	312-5317	0.37	S	a
thumb ex large 325-5551					i	nail plier	CM328	312-5341	0.86	S	a
fingers & thumbs	CM198		0.99(5)	S	d	nail scissors	CM336	312-5333	0.86	S	a
assorted 045-0056					d	nail stone	CM332	312-2249	0.37	S	a
latex	199		19.12(100)	S	i	nail white pencil	CM338	313-3782	0.57	S	a
small 074-5596, medium 074-5604, large 074-5620, ex large 074-5646,					i	nipple shields					
ex ex large 074-5687, thumb 074-5695					i	natural latex	352	031-3726	1.45	S	d
leather	204		7.17(12)	S	i	polypropylene	CM356	037-1146	0.56	S	a
small 312-5713, medium 312-5721, large 312-5739, ex large 312-5747					i	palette knives					
natural plastic					a	10cm	380/4	313-3816	10.25	S	a
simple ties	212	028-9462	1.25(10)	S	a	15cm	380/6	313-3832	12.40	S	a
weld ties	210		1.38(12)	S	c	20cm	380/8	313-3840	15.00	S	a
assorted 325-5346, small 017-1637, medium 312-2413, large 312-2421,					i	pessaries					
ex large 312-2439, thumb standard 312-2447,					i	poly NHS	365	025-6024	1.79	S	a
thumb large 312-2454, thumb ex large 312-2462					i	pvc NHS	366	025-6040	1.95	S	a
wristband easifix	CM211		0.39	S	d	pill boxes					
assorted finger 313-5308					d	pixie	CM022	313-3857	0.58	S	a
rubber latex	198	074-9929	2.00(10)	S	a	pill crusher	CM029	275-7045	1.74	S	a
simulated leather											

		PIP code	Trade	VAT	Retail			PIP code	Trade	VAT	Retail		
powder puff								22-28cm yellow	295-4006	72.96(8)	S	15.09	a
foam	CM423	312-5903	0.54	S	a			28-32cm green	295-4014	76.64(8)	S	15.85	a
velour	CM422	312-5911	0.65	S	a	RENU (Bausch & Lomb Visioncare)							
pumice						multi-purpose solution	2 x 360ml	325-4836	151.20(12)	S	19.00	*	
mouse on a rope							60ml	325-4786	59.40(36)	S	2.49	*	
jumbo	CM435	014-9393	0.99	S	a		360ml	325-4828	204.00(24)	S	12.85	*	
rain bonnet	CM392	029-2912	0.38	S	a	RESOURCE (Novartis Consumer Health)							
razor blades	CM437	313-3865	0.65(3)	S		2.0 fibre	200ml	297-5506	39.60(24)	Z	2.48	BS	c
safety pins						RIMMEL (Coty)							
24 brass assorted	CM441	312-5408	0.36	S	a	face make-up							
48 nickel plated assorted	CM442	312-5416	0.45	S	a	mouse							
scissors						cool matte				12.14(3)	S	6.99	
first aid	CM444	312-5390	0.37	S	a	natural beige 325-4364, warm honey 325-4356							i
nurses stainless steel	CM445	034-8698	1.06	S		SALTS (Salts Healthcare)							
shaving brush	450	312-5929	2.27	S	d	EAKIN							
shaving stick	451	312-5937	0.77	S	d	wound pouches							
shoe horn	CM455	312-5945	0.45	S	d	access windows		325-3556	35.00	S			*
shower cap	CM030	313-3873	0.51	S	a	SCHERIPROCT (Valeant Pharms)							
silver nitrate						ointment	30g	001-3607	3.00	S		POM	
25g	452	031-5366	14.80	S	P	suppositories	12	043-6048	1.41	S		POM	
soap box						SKINOREN (Valeant Pharms)							
plastic	CM458	313-3881	0.62	S	r	cream	30g	073-9474	3.74	S		POM	c
spectacle cleaning cloth						SLIM FAST (Slim Fast Foods)							
mir shiny	CM1010	286-2290	0.37	S	a	meal replacement							
spectacle neck cord	CM1022	285-0832	0.57	S	a	bars							
sports	CM1023	285-0824	0.57	S	a	chocolate crunch	60g	325-4570	12.08(18)	Z	0.99	*	
spectacle repair kit	CM482	312-5960	1.44	S	a	soups	295ml		5.20(6)	Z	1.29	*	
sponge/flannel bag	CM497	019-0231	0.65	S	a	chicken & mushroom 325-4554							i
sun visors						snack bag							
anglers	531	247-6943	1.95	S	a	cheddar bites	23g	325-4562	4.20(12)	S	0.49	*	
hback	530/BLK	247-6950	1.43	S	a	snack bars	26g		7.12(24)	S	0.49	r	
knitted	532	313-3915	0.90	S	d	chocolate caramel 325-4547							i
white	530/W	247-6968	1.35	S	a	SLO DRINKS (SLO Drinks)							
supports						pre-thickened cold drinks							
abdominal	550	047-0302	3.13	S	a	stage 1 fluids	115ml		45.00(150)	S		BS	*
	550	020-4669	3.23	S	a	blackcurrant 325-6518, lemon 325-6559, orange 325-6542,							i
ankle	552	027-5628	1.30	S	a	peach 325-6526, variety 325-7078							i
athletic jock strap						stage 2 fluids	115ml		45.00(150)	S		BS	*
pocket	551		3.15	S	d	blackcurrant 325-6567, lemon 325-6591, orange 325-6583,							i
small 312-2272, medium 312-2280, large 312-2298	551		3.25	S	d	peach 325-6575, variety 325-7086							i
ex large 312-2306					d	stage 3 fluids	115ml		45.00(150)	S		BS	*
elbow	554	323-4739	1.30	S	a	blackcurrant 325-7052, lemon 325-6633, orange 325-7060,							i
knee						peach 325-6617, variety 325-7094							i
pair	557	027-5768	1.44	S	a	SUBOXONE (Schering-Plough)							
tennis elbow	CM600	027-6097	2.25	S	a	(buprenorphine, naloxone)							i
suspensory bandage NHS						tablets							
type 2 ex. ex. large	556/XXL	037-1419	2.15	S	a	2mg	28	325-6187	26.88	S		POMCD	*
type 2 ex. large	556/XL	037-1401	1.64	S	a	8mg	28	325-6179	80.64	S		POMCD	*
type 2 large	556/L	037-1393	1.64	S	a	SUNTONA (Bray Group)							
type 2 medium	556/M	037-1385	1.64	S	a	after tanning preparations							
type 2 small	556/S	037-1377	1.64	S	a	milk moisturiser 150ml	575	032-7528	1.25	S		a	
type 3	560	312-2314	1.64	S	a	sunbed cleaner	578	004-0139	1.99	S		d	
syringes						UVA Tanning preparations							
rectal infants	569/2	313-3956	2.72	S	a	gel 150ml	571	003-9065	1.21	S		a	
syringes - oral						lotion 150ml							
10ml	CM004	286-2563	0.57	S	d	gold De-Luxe	574	003-9628	1.28	S		a	
1ml	CM041	286-6002	5.70(10)	S	d	SUPERDENT (Reckitt Benckiser Household)							
2.5ml	CM043	286-6010	0.57	S	d	tablets	30	035-0686	5.24(12)	S	0.60	a	
5ml	CM045	286-6028	0.34	S	a	SUREMINT (Bray Group)							
test glass						breath freshener	CM053	312-2892	0.99	S		d	
100ml	563/100	313-3972	5.50	S	d		51/D	254-3114	18.75(25)	S		d	
thermometers						TRASYLOL (Bayer Pharma)							
digital	CM602	312-5440	4.77	S	d	ampoules 1,000,000ku							
disposable 4	CM603	312-5457	1.15	S	a	100ml	1	325-4448	41.06	S		POMHP	*
mercury	CM601	312-5465	1.12	S	a	ampoules 2,000,000ku							
toe separators	CM614	312-5978	0.35	S	a	200ml	1	325-4463	82.12	S		POMHP	*
toenail clippers	CM334	031-5291	0.55	S	a	TRUETRACK (Home Diagnostics)							
toenail pliers						blood glucose meter	305-8823	5.63	S	8.81	c		
stainless steel 12.5cm	P94003	316-4167	19.26(6)	S	d	blood glucose test strips	50	305-8831	13.70	S	24.15	c	
stainless steel barrel spring	CM329	312-5473	3.79	S	a	TWINKLE TOTS (International Invest/Trade)							
stainless steel barrel spring 11cm						digital soother thermometer						*	
	P94001	316-4175	19.26(6)	S	d	blue 325-4489, purple 325-4497, yellow 325-4471						i	
toenail scissors	CM340	312-5481	1.37	S	a	ULTRABASE (Valeant Pharms)							
toilet seat covers	612	018-6668	0.51(10)	S	a	cream	tube 50g	048-7397	0.89	S		GSL	c
tongue depressors	CM617	037-1435	0.28	S	a	pump 500g	048-7405	6.44	S			GSL	c
tooth stopping	CM625	004-9718	1.54	S	a	VARENICLINE (see Champix)							
toothbrush box	CM618	264-0746	0.46	S	a	VEET (Reckitt Benckiser Household)							
toothpicks						(distributors Ceuta Healthcare)							
plastic	CM623	037-1443	0.68	S	a	3min cream	100ml	006-6654	16.24(6)	S	4.24	r	
wooden 75	CM620	312-5986	0.56	S	a	in-shower cream	150ml	319-3752	21.06(6)	S	6.60	a	
tweezers						VEGA (Vega Nutritionals)							
3in	628/P	027-5115	0.21	S	a	dynamic liquid herbals							
flat	CM630	017-1835	0.38	S	a	aloe vera							
gift	CM631	312-6000	0.60	S	a	liquid capsules							
twissor	CM634	312-5994	0.61	S	a	500mg	30	272-7121		S	3.99	d	
urinals							60	272-7147		S	6.49	d	
male plastic with lid	636	029-8133	4.87	S	a	echinacea extract							
UVA goggles						liquid capsules							
elastic fastening	224	058-0910	0.27	S	a	100mg	30	272-7162		S	5.69	d	
wrist supports						ginkgo biloba extract							
leathertex double buckle	CM660	037-1583	1.13	S	a	liquid capsules							
leathertex twice round	CM665	037-1567	1.18	S	a	80mg	30	272-7188		S	5.69	d	
Body sports							60	272-7196		S	9.95	d	
chamois cream	150ml	271-3949	2.11	S	a	fish oils							
cool ice gel	150ml	284-6392	2.70	S	a	cod liver oil & glucosamine							
massage cream	250ml	294-0104	3.23	S	a	capsules	120	272-5422		S	15.19	d	
muscle rub	350ml	294-0112	3.01	S	a	herbal supplements							
sports wash	500ml	294-0146	2.82	S	a	nergizer herbal drink	15ml	301-2770	27.10(24)	S	1.99	d	
PRESTIGE SMART SYSTEM (Home Diagnostics)						minerals							
blood glucose test strips	50	276-8513	13.96	S	c	calcium, magnesium, zinc							
PROFORE (Smith & Nephew Healthcare)						capsules	30	272-5844		S	4.99	c	
Effective December 01							60	242-3051		S	6.49	c	
four layer handage kits							120	272-5851		S	11.49	c	
ankle circumference						colloidal minerals & kelp							



		PIP code	Trade	VAT	Retail			PIP code	Trade	VAT	Retail		
capsules	120	272-6461	—	S	19.95	d	tame it straightening cream	100ml	325-4125	S	3.19	•	
special care formulas							twirl it heat defence curl spray	150ml	325-4141	S	3.19	•	
energiser formula							ultimate effects texturising						
capsules	120	272-6651		S	19.99	d	go matt clay	75ml	325-4091	S	3.49	•	
wellbeing pack							ultra strong power hold gel	200ml	325-4208	S	3.19	•	
capsules	3 x 30	318-4264		S	15.48	c	ultra strong power hold gel spray	150ml	325-4059	S	3.19	•	
standardised herbs							<b>WET ONES</b> (Jeyes)						
aloe vera							(distributors Jenks Sales Brokers)						
capsules 500mg	120	272-6784		S	11.95	d	sticky fingers	40	250-6012	11 15(12)	S	1.49	r
devils claw complex							<b>ZINC</b> (see <i>Halita</i> )						
capsules 750mg	120	272-6826		S	11.89	d	<b>ZOTON</b> (Wyeth Pharms)						
dong-quai							capsules						
capsules 750mg	120	272-6859		S	17.49	d	15mg	28	226-0875	12.92	S	POM	d
feverfew complex							30mg	28	206-2545	23.63	S	POM	d
capsules 1000mg	120	272-6891		S	17.69	d	<b>ZYPREXA</b> (Lilly)						
korean ginseng 800 complex							tablets						
capsules	120	272-6933		S	17.99	d	10mg	56	234-9314	158.90	S	POM	d
neem leaf herbal complex							20mg	28	229-4239	158.90	S	POM	•
capsules	30	272-7055		S	8.69	c							
	60	272-7063		S	15.19	c							
siberian ginseng 1700 complex													
capsules	120	272-6958		S	16.89	d							
valerian 900 complex													
capsules	120	272-7022		S	17.69	d							
vitamin B & complex													
amino acid complex + B6													
capsules	120	272-5406		S	20.89	d	<b>ADDICTION</b> (Conquest Personal Care)						
B2							handled pack						
capsules 40mg	30	242-2848		S	4.59	c	bodyspray for men						
	120	272-1207	—	S	13.79	c	spice fire/wild ginger	150ml	500-8438	S	0.99	•	
biotin							<b>ANDREX</b> (Kimberly-Clark)						
capsules 900mcg	30	242-2889		S	4.99	c	price marked pack						
	120	272-5596		S	14.99	c	toilet rolls	2		S	0.99		
pyridoxal 5-phosphate							aqua 500-7430, natural 500-7422						
capsules 10mg	30	242-2855		S	4.99	c	<b>BODYFORM MAXI</b> (SCA Hygiene Products)						
	120	272-1702		S	14.99	c	price marked pack						
<b>VENOSAN</b> (Credenhill)							sanitary towels with wings						
graduated compression hosiery							normal	16	500-5103	L	0.99	d	
below knee							super	14	500-5111	L	0.99	d	
closed toe	4001 AD		21.10	S	37.19		sanitary towels without wings						
small, marokko 304-8972, medium, marokko 304-8980,						d	normal	24	500-5129	L	0.99	d	
ex large, marokko 304-9004						d	super	20	500-5137	L	0.99	d	
	4002 ADH	322-6917	37.90	S	58.50	r	<b>BODYFORM ULTRA FIT</b> (SCA Hygiene Products)						
	5002 ADH		39.00	S	66.80	•	price marked pack						
small, mexico 325-4349, medium, mexico 325-4372,						i	sanitary towels						
large, mexico 325-1725, ex large, mexico 325-4398						i	goodnight	10	500-5756	L	0.99	d	
open toe	4002 ADH	322-6875	37.90	S	58.50	r	sanitary towels with wings						
	5002 ADH		39.00	S	66.80	•	normal	14	500-5061	L	0.99	d	
small, mexico 325-4216, medium, mexico 325-4224,						i	super	12	500-5079	L	0.99	d	
large, mexico 325-4232, ex large, mexico 325-4265						i	sanitary towels without wings						
<b>VERSIVA</b> (Convatec)							normal	16	500-5087	L	0.99	d	
Effective December 01							super	14	500-5095	L	0.99	d	
adhesive dressing							<b>HUGGIES</b> (Kimberly-Clark)						
exudate management							price marked pack						
sacral	17.7cm x 19cm	297-5027	29.00(5)	S		a	nappies						
<b>WELLA</b> (Wella)							small pack size 6	12	500-8370	Z	2.79	•	
Shock Waves							<b>SLIM FAST</b> (Slim Fast Foods)						
boost it rooting boosting spray	150ml	325-4133	...	S	3.19	•	counters/retail unit						
boost it volumizing hairspray	250ml	325-4166	...	S	3.19	•	meal replacement bars						
strong control gel	200ml	325-4190	...	S	3.19	•	dispenser	18		17.14	Z		
strong define & shine gel wax	75ml	325-4034	...	S	3.19	•	chocolate crunch 500-4254						
strong tuff stuff gel	200ml	325-4174	...	S	3.19	•	<b>TRIPLE VELVET</b> (SCA Hygiene Products)						
strong wet look gel	200ml	325-4182	...	S	3.19	•	price marked pack						
tame it frizz free cream	100ml	325-4117	...	S	3.19	•	toilet rolls	2	500-7323	..	S	0.99	a
tame it smoothing mousse	200ml	325-4158	...	S	3.19	•		4			S	1.79	a
							peach 500-7745, pink 500-7737						

# Amendments to list of Manufacturers and Distributors

<b>ABT Healthcare UK Ltd</b> (Code 1184) Springwood Booths Park Chelford Road Knutsford Cheshire WA16 8GS Tel: 01360 698 2266 Fax: 01360 698 2195	i	<b>Home Diagnostics UK Ltd</b> (Code 267) 25 Barnes Wallis Road Segensworth East Fareham Hampshire PO15 5TT Tel: 01489 569469 Fax: 01489 569424	c
<b>ADL Healthcare Diagnostics</b> (Code 958) Pitcairn House Crown Square, 1st Avenue Centrum 100 Burton-on-Trent Staffordshire DE14 2WW Tel: 01283 494300 Fax: 01283 494301 Email: info@adlhealthcare.co.uk	d	<b>International Investments and Trade Ltd</b> (Code 1159) 3 Broad Street Foleshill Coventry West Midlands CV6 5AX Tel: 024-7666 8400 Fax: 024-7666 8400 Email: iit-ld@hotmail.co.uk	i
<b>Archaeis Ltd</b> (Code 1181) 23 Penbridge Gardens London W2 4EB Tel: 0870 803 2484 Email: info@vegenat.co.uk	i	<b>Marlborough Pharmaceuticals Ltd</b> (Code 1148) PO Box 2957 Marlborough Wiltshire SN8 1WS Tel: 01672 514187 Fax: 01672 515614	i
<b>Bob Martin UK Ltd</b> (Code 1365) Wemherham Lane Yatton Somerset BS49 4BS Tel: 01934 831000 Fax: 01934 831050	c	<b>NeemCo Ltd</b> (Code 1164) 2 Brewster Place Irvine Ayrshire KA11 5DD Tel: 01294 204754 Fax: 01294 277922 Email: enquires@neemco.co.uk	i
<b>British Snoring &amp; Sleep Apnoea Association</b> (Code 651) Castle Court 41 London Road Reigate Surrey RH2 9RJ Tel: 01737 245638 Fax: 0870 052 9212	c	<b>Pierre Fabre Dermo Cosmetique</b> (Code 2449) 1st Floor Offices Parkinson House Vaughan Road Harpenden Hertfordshire AL5 4EQ Tel: 01582 820150 Orders Tel: 01621 869172 Fax: 01582 762697 Email: pfabreuk@aol.com	c
<b>Clasado Ltd</b> (Code 1161) 11 Warren Yard Wolverton Mill Milton Keynes Buckinghamshire MK12 5NW Tel: 01908 577850 Fax: 01908 321708	i	<b>Profile Pharma Ltd</b> (Code 595) Chichester Business Park City Fields Way Chichester West Sussex PO20 2FT Tel: 0800 130 0855 Fax: 0800 130 0856 Email: info@profilepharma.com	c
<b>D A Marketing Associates Ltd</b> (Code 1123) Potters Industrial Estate Green Lane Melmerby Ripon North Yorkshire HG4 5HP Tel: 01765 640060 Fax: 01765 641020 Email: sales@da-marketing.co.uk	c	<b>SLO Drinks</b> (Code 1175) Unit 1 Torr Top Street New Mills High Peaks Cheshire SK22 4BS Tel: 0845 222 2205 Fax: 0845 222 2206 Email: info@slodrinks.com	i
<b>Delphis Medical Ltd</b> (Code 922) 27 Bothwell Road Hamilton Lanarkshire ML3 0AS Tel: 0845 456 2168 Fax: 0845 456 2169 Email: info@delphismedical.co.uk	c	<b>The Alliance Group Lifestyle Solutions Ltd</b> (Code 1171) Intakes Lane Turnditch Nr Belper Derbyshire DE56 2LU Tel: 0870 220 1234 Fax: 01335 370656	i
<b>Distriphar (UK)</b> (Code 886) Walton Manor Walton Milton Keynes Buckinghamshire MK7 7AJ Tel: 01908 201185	c	<b>Tiffy UK Ltd</b> (Code 1182) Downs Farm Reigate Road Ewell Surrey KT17 3BY Tel: 020-8786 8673 Fax: 020-8393 0237 Email: info@tiffy.info	i
<b>Emcur</b> <b>c/o Wholistic Research Company</b> (Code 611) Unit 1, Five House Farm Sandon Road Therfield Royston Hertfordshire SG8 9RE Tel: 0870 745 0601 Fax: 0870 745 0602 Email: service@emcur.com	c	<b>Wright Kerr Tyson</b> (Code 1165) Unit 1, Beckingham Bus. Park Beckingham Street Tollshunt Major Maldon Essex CM9 8LZ Tel: 01621 869172 Fax: 01621 868762	i
<b>EuroGen Pharmaceuticals Ltd</b> (Code 1173) 1st Floor Eagle House Montpellier Drive Cheltenham Gloucestershire GL50 1TA Tel: 01242 703646 Fax: 01242 703648	i		
<b>Griptight Care Solutions Ltd</b> (Code 635) Unit 14 57 Frederick Street Birmingham B1 3HS Tel: 0121-236 4127 Fax: 0121-236 6544 Email: enquires@griptight.net	d		



